

SFUND RECORDS CTR
2807-00761

ATTACHMENT J

SFUND RECORDS CTR
88167133

LIST OF CONTRIBUTORS TO ANSWERING EPA QUESTIONNAIRE

CONTRIBUTOR	ASSOCIATION/POSITION	QUESTION NUMBERS															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1 NORM ZETTERQUIST	DIR. PROCESS DEVELOPMENT		X			X	X	X	X	X	X		X	X	X	X	X
2 RON DORNSEIF	DIR. STRATEGIC PROGRAMS					X	X	X	X				X	X	X	X	X
3 RALPH ITANEN	FACILITIES ENGINEER							X	X	X							
4 BRIAN REEVES	FACILITIES ENG						X	X	X								
5 ALVIN MITCHELL	PROCESS DEVELOPMENT TECHNICIAN						X		X								
6 WILLIAM LEHNER	FORMER EMPLOYEE - FOUNDER, YP ENG'G								X								
7 RICHARD BECK	FORMER EMPLOYEE - FOUNDER, YP OPER.								X								
8 ROBERT RAMSEY	FORMER EMPLOYEE/FACILITIES MGR								X	X							
9 CLARK FUHS	PRODUCT MKTG MGR - FORMER SAFETY CHR.								X								
10 WILLIAM HARSHBARGER	YP TECHNOLOGY DEVELOPMENT						X		X								
11 PATRICE GERAGHTY	DIR. APPLICATIONS LAB								X								
12 DAVID STUDLEY	DIR. MECHANICAL ENG'G - DEVELOPMENT								X								
13 PAULETTE GORDON	MARKETING SECRETARY (DATA COLLECTION)						X										
14 ROSEMARIE COLLINS	RECEPTIONIST (DATA COLLECTION)						X										
15 RUTH ?	AIRCO - FORMER MAT'L SCIENCE DIV OF GENUS						X										
16 BILL ELDER	PRESIDENT CEO	X		X	X												
17 MARGARET RENNIE	ASSISTANT TO THE PRESIDENT	X		X								X					
18 MBO INSURANCE BROKERS	GENUS INSURANCE BROKER											X					
19 DAVE PELLONE	CONTROLLER											X					
20 RICHARD HOGLE	GM, GENUS/AIRCO						X										

APPENDIX

City of Mountain View, CA OFFICIAL RECEIPT

ORIGINATING DEPARTMENT ☐ FINANCE
☐ RECREATION
☐ POLICE

☒ FIRE
☐ LIBRARY
☐ OTHER

DATE 04/20/88

RECEIVED FROM GENUS

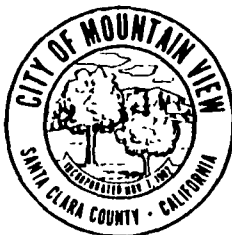
T/C	SUBSIDIARY	INDEX	SUB OBJ	DESCRIPTION (50 CHAR LIMIT)	AMOUNT
		261057	141	HAZMAT STORAGE PERMIT FEES	1765
				PARTIAL 1988	
				515 Ellis - \$1,450	
				290 Ferguson - 615	
				(less 300 credit)	
				TOTAL	1765

CHECK NO 36528 90-4037
 1211 CASH

BY JB B5263 CASHIER

No. 30048

FORM F1-5 (8-85)



CITY OF MOUNTAIN VIEW
 FIRE DEPARTMENT
 HAZARDOUS MATERIAL STORAGE PERMIT



THIS PERMIT EVIDENCES THAT THE FIRM OR CORPORATION NAMED
 HEREIN HAS PAID THE APPLICABLE FEES AND IS AUTHORIZED TO STORE
 HAZARDOUS MATERIALS AT THE FACILITY INDICATED BELOW IN ACCOR-
 DANCE WITH CHAPTER 24 OF THE MOUNTAIN VIEW MUNICIPAL CODE

PERMITTED FACILITY: GENUS, INC.
 290 FERGUSON DRIVE

Business Name: Genus, Inc.

Mailing Address: 290 Ferguson Drive

City, State & Zip Code: Mountain View, CA 94043

Attn: Norm Zetterquist

HM-4

Date Issued: April 21, 1988

Date Expires: April 1, 1989

Permit ID:

[Signature]
 Authorized by Fire Prevention Bureau

POST IN A CONSPICUOUS PLACE



CITY OF MOUNTAIN VIEW

FIRE DEPARTMENT

1000 Villa Street
Mountain View, CA 94041

(415) 966-6378

HMMP FACILITY DIRECTORY

(see back of sheet for instructions)

Official Use Only

ID

Business Name

(1) Genus Inc.

Business Phone Number

(2) ()

Facility Street Address

(3) 515 Ellis St.

Mailing Address

City

State

Zip Code

(4) 515 Ellis St. Mt. View CA 94043

Attention

(5) Norm Zetterquist

(6) Persons Responsible For:

Name

Phone Number

APPLICATION

Norm Zetterquist

(415) 964-1100

BUSINESS

Bill Harshbarger

(415) 964-1100

PROPERTY

Ralph Itanen

(415) 964-1100

(7) Persons Responsible For Responding In An Emergency After Normal Work Hours

Name

Title

Home Phone Number

Work Phone Number

Ralph Itanen Facilities Supervisor

(415) 365-9809

(415) 964-1100

Norm Zetterquist Dir. Process Dev.

(408) 429-9716

(415) 964-1100

()

()

()

()

(8) Business Activity Description

Process Development, Applications, Marketing + Sales of CVD Equipment

(9) Shift Times:

First: 7:00 to 6:00

Second: N/A to

Third: N/A to

(10) Number of Employees Per Shift:

First: 68

Second: N/A

Third: N/A

(11) I declare under penalty of perjury, the foregoing information is true and correct.

Norman E. Zetterquist

Print Name

Signature

Date

INSTRUCTIONS

- (1) BUSINESS NAME—Enter business name for which the application applies.
- (2) BUSINESS PHONE—Enter business phone number
- (3) FACILITY STREET ADDRESS—Enter complete address for the specific "facility" for which the application applies and do not use general mailing address. A "facility" means a building or buildings, appurtenant structures and surrounding land used by a single business entity at a single location or site. A single location or site will be limited to contiguous properties located on the same street frontage.
When filing for contiguous properties as one facility, all address numbers must be shown, (i.e., 123, 125, & 127 Anystreet).
If you are a tenant and occupy only a portion of a building, you must submit a separate full application for the portion of the building you occupy.
If you are a corporate division and occupy a portion of a building, you must submit a separate application for the portion of the building you occupy.
Be sure to enter the complete address: street number, direction, street name, building, suite or room number and zip code.
- (4) MAILING ADDRESS—Enter full mailing address if different from the facility address. Permits will be mailed to this address.
- (5) ATTENTION—Enter name of person responsible for correspondence. Permits will be mailed to this person's attention.
- (6) PERSONS RESPONSIBLE FOR—Enter names and phone numbers for persons responsible for the:
APPLICATION (Actual completion of all HM-3 forms)
BUSINESS (Corporate Officer or partner)
PROPERTY (Owner of property)
- (7) PERSONS RESPONSIBLE FOR RESPONDING IN AN EMERGENCY—List four persons to be contacted in case of an emergency after normal work hours. Along with their names, include their job title, home phone number and work phone number.
- (8) BUSINESS ACTIVITY DESCRIPTION—Enter brief description of principal business activity at this location.
- (9) SHIFT TIMES—Enter the working hours for each shift you currently run
- (10) NUMBER OF EMPLOYEES PER SHIFT—Enter the average number of employees on site during each shift.
- (11) DECLARATION OF INFORMATION—Print the name of the person responsible for the information submitted on the HM-3 forms, to include the Hazardous Material Management Plan, General Facility Map, Storage Facility Permit Quantity Limit and Facility Permit Fee Worksheet.
This person must sign and date the Hazardous Material Management Plan before submitting the HM-3 forms and payment of permit fees to the City of Mountain View, Fire Department.



CITY OF MOUNTAIN VIEW
FIRE DEPARTMENT

EMERGENCY RESPONSE PLAN

Section III: Emergency Response Training Program

1 PERSON RESPONSIBLE FOR EMERGENCY RESPONSE TRAINING PROGRAM:

Name Norman Zetterquist Title Director Process Dev. Phone (415) 964-1100

2 TRAINING REQUIREMENTS (Check all applicable items.)

All employees are trained in the following procedures:

- ☒ Notification of emergency response coordinator
- ☒ Notification of external emergency response organizations (e.g. Fire Department)
- ☐ Location and content of emergency response plan
- ☒ Evacuation

Chemical handlers are additionally trained in the following:

- ☒ Safe methods for handling and storage of hazardous materials
- ☒ Proper use of personal protection equipment
- ☒ Locations and proper use of fire and spill control equipment
- ☒ Specific hazards of each chemical to which they may be exposed, including the pathways of exposure (i.e., skin absorption, inhalation, ingestion)

Emergency response team members are additionally trained in the following procedures:

- ☒ Shutdown of operations
- ☐ Use, maintenance, and replacement of emergency response equipment

☒ ALL PERSONNEL RECEIVE APPROPRIATE EMERGENCY RESPONSE TRAINING WITHIN SIX MONTHS OF HIRING

☒ REFRESHER TRAINING IS PROVIDED AT LEAST ANNUALLY

3 PERSONNEL TRAINING RECORDS

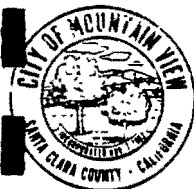
The following training records are maintained for each employee.

- ☒ Type and amount of introductory and continuing training
- ☒ Date that training was completed
- ☐ Description of facility emergency response drills
- ☐ Former employees' training records are retained for at least three years

Your Emergency Response Plan must be on-site and available for review by the Fire Department.

Emergency Response Plan Location _____

Responsible Person Norm Zetterquist



CITY OF MOUNTAIN VIEW

FIRE PREVENTION BUREAU

1000 Villa Street

Mountain View, CA 94041

(415) 966-6378

STORAGE FACILITY PERMIT QUANTITY LIMIT

Amended 1987

(see back of sheet for instructions)

Official Use Only

ID

Page of Pages

(1) 1 3

Date

(2) 4/6/88

Storage Facility

(3) inside

Business Name

(4) Gerus Inc.

Facility Street Number

Street Name

515 Ellis St.

DOT
CLASS
(5)

Chemical Name/Trade Name
(6)

Quantity & Physical State
Gas (Cu Ft) (7)
Liquid (Gal) (8)
Solid (Lbs) (9)

Tank (10)
Waste (11)

Waste Annual
Throughput
(12)

CORR-L	Tungsten Hexafluoride		1.0			
FG	Dichlorosilane	300				
NFG	Nitrogen	3,700				
NFG	Halocarbon 116/ hexafluoroethane	30				
NFG	Nitrous oxide	1,200				
NFG	Helium	280				
FG	Acetylene	70				
FG	oxygen	200				
FL	Isopropyl Alcohol		3.0			
FL	Methanol		1.0			
FL	Acetone		2.0			
CORR-L	Hydrofluoric Acid		2.5			
CORR-L	Nitric Acid		1.0			
CORR-L	Sulfuric Acid		4.0			
CORR-L	Phosphoric Acid		2.0			
oxy-L	Hydrogen Peroxide		4.0			
CORR-L	Hydrochloric Acid		3.0			
CORR-L	Ammonium Fluoride		4.0			
CORR-L	Ammonium Hydroxide		1.0			
CORR-L	PAD Etch		2.0			
FL	Corrosion Inhibitor/organic Liquid		4.0			
FL	Hydrocarbon Vacuum Fluid		4.0			
CORR-L	Drain Cleaner		1.0			
CORR-L	Ammonia, Aqua		5.0			

INSTRUCTIONS

- (1) When more than one page is used for a storage facility enter the page number and total number of pages
- (2) DATE—Enter the date of the application
- (3) STORAGE FACILITY—A storage facility refers to the area where hazardous materials are stored. If the hazardous materials storage area is located within the main building, write **INSIDE** in this space. If the area is located outside the main building, write **OUTSIDE**. If hazardous materials are stored both inside and outside the main building, use a separate form for each storage area. When filing for contiguous properties write in the specific address number or building identification (i.e. 3345 or Building A12) in this space using a separate form for each address, building identification.
- (4) BUSINESS NAME—Enter business name and the street address for the specific facility for which the application applies and do not use general mailing addresses. A facility means a building or buildings, adjacent structures and surrounding land used by a single business entity at a single location or site.
- (5) DOT CLASS—Enter the Department of Transportation (DOT) hazard class using the abbreviations shown below. Use as many additional pages of this form as necessary to complete the report for each storage facility.

DOT HAZARD CLASSES AND ABBREVIATIONS

Blasting Agent	BLST	Explosives B	EXP B	Other Regulated	
City Regulated Material—		Explosives C	EXP C	Materials—Liquid	ORM-L
Liquid	CRM-L	Flammable Gas	FG	Other Regulated	
City Regulated Material—		Flammable Liquid	FL	Materials—Solid	ORM-S
Solid	CRM-S	Flammable Solid	FS	Oxidizer—Liquid	OXY-L
Combustible Liquid	CL	Irritant—Liquid	IRR-L	Oxidizer—Solid	OXY-S
Corrosive Gas	CORR-G	Irritant—Solid	IRR-S	Poison A—Gas	POIS-G
Corrosive Liquid	CORR-L	Nonflammable Gas	NFG	Poison A or B—Liquid	POIS-L
Corrosive Solid	CORR-S	Organic Peroxide—Liquid	PEROX-L	Poison A or B—Solid	POIS-S
Etiological Agent	ETI	Organic Peroxide—Solid	PEROX-S	RADIOACTIVE	RAD
Explosives A	EXP A			CRYOGENS	CRYO

- (6) CHEMICAL NAME, TRADE NAME—For **each** hazardous material (includes both non-waste and waste materials) provide the chemical name, proprietary name or chemical name of major constituents for mixtures followed by a slash and then the applicable trade name. Example: trichlorotrifluoroethane/Freon 113.
All transformers and capacitors with polychlorinated biphenyls contents over 7 ppb must be specifically reported using the DOT class abbreviation ORM-L and the abbreviation PCB for the chemical name.
- (7-9) QUANTITY AND PHYSICAL STATE—Enter the maximum anticipated **total** quantity of hazardous material that is normally stored in the storage facility for each chemical using Columns 7, 8 and 9 depending upon the physical state of the material. Round off the quantities to the nearest whole gallon, pound or cubic foot. When the material is stored in a tank, the quantity reported shall be the capacity limit of the tank.
- (10) TANK—Mark an **A** in this column if the material is stored in an above-ground tank or **B** if stored in a below-ground tank. A 55-gallon drum or compressed gas cylinder is not a tank.
- (11) WASTE—Mark an **X** in the column if the material is a waste.
- (12) WASTE ANNUAL THROUGHPUT—Enter the total annual throughput of each hazardous waste listed. This column must be completed if there is an **X** in column 11. Waste Annual Throughput is the total estimated amounts of each hazardous waste handled by the business throughout the course of the year.



CITY OF MOUNTAIN VIEW

FIRE PREVENTION BUREAU

1000 Villa Street
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(415) 966-6378

STORAGE FACILITY PERMIT QUANTITY LIMIT

Amended 1987

(see back of sheet for instructions)

Official Use Only

ID: _____

Page of Pages

(1) 2 3

Date

(2) 4/6/88

Storage Facility

(3) outside

Business Name

(4) Genus Inc.

Facility Street Number

Street Name

515 Ellis St.DOT
CLASS
(5)Chemical Name/Trade Name
(6)Quantity & Physical State
Gas (Cu Ft) (7)
Liquid (Gal) (8)
Solid (Lbs) (9)Tank (10)
Waste (11)Waste Annual
Throughput
(12)

FL	Trichloroethane		2.0			
FL	Isopropyl Alcohol		10			
FL	Methanol		8			
FL	Acetone		8			
CORR-L	Hydrofluoric Acid		10			
CORR-L	Nitric Acid		5			
CORR-L	Sulfuric Acid		30			
CORR-L	Sodium Hydroxide		25			
CORR-L	Phosphoric Acid		5			
OXY-L	Hydrogen Peroxide		10			
CORR-L	Hydrochloric Acid		5			
CORR-L	Ammonium Fluoride		10			
CORR-L	Ammonium Hydroxide		1.0			
FG	Silane	800				
FG	Hydrogen	900				
NFG	Argon	1800				
NFG	Nitrogen Trifluoride	1250				
NFG	Nitrogen	3600				
CRYD	Nitrogen, Liquid		2200			
NFG	Helium	1450				
CORR-G	Hydrofluoric Acid, anhydrous	100				
FG	Dichlorosilane	400				
NFG	Nitrous oxide	300				

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Liquid	CRM-L	Flammable Gas	FG	Other Regulated	
City Regulated Material—		Flammable Liquid	FL	Materials—Solid	ORM-S
Solid	CRM-S	Flammable Solid	FS	Oxidizer—Liquid	OXY-L
Combustible Liquid	CL	Irritant—Liquid	IRR-L	Oxidizer—Solid	OXY-S
Corrosive Gas	CORR-G	Irritant—Solid	IRR-S	Poison A—Gas	POIS-G
Corrosive Liquid	CORR-L	Nonflammable Gas	NFG	Poison A or B—Liquid	POIS-L
Corrosive Solid	CORR-S	Organic Peroxide—Liquid	PEROX-L	Poison A or B—Solid	POIS-S
Etiological Agent	ETI	Organic Peroxide—Solid	PEROX-S	RADIOACTIVE	RAD
Explosives A	EXP A			CRYOGENS	CRYO

- (6) CHEMICAL NAME TRADE NAME—For each hazardous material (includes both non-waste and waste materials) provide the chemical name, proprietary name, or chemical name of major constituents for mixtures followed by a slash and then the applicable trade name. Example: trichlorotrifluoroethane / Freon 113.
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- (10) TANK—Mark an **A** in this column if the material is stored in an above-ground tank or **B** if stored in a below-ground tank. A 55-gallon drum or compressed gas cylinder is not a tank.
- (11) WASTE—Mark an **X** in the column if the material is a waste.
- (12) WASTE ANNUAL THROUGHPUT—Enter the total annual throughput of each hazardous waste listed. This column must be completed if there is an **X** in column 11. Waste Annual Throughput is the total estimated amounts of each hazardous waste handled by the business throughout the course of the year.



CITY OF MOUNTAIN VIEW

FIRE PREVENTION BUREAU

1000 Villa Street
Mountain View, CA 94041

(415) 966-6378

STORAGE FACILITY PERMIT QUANTITY LIMIT

Amended 1987

(see back of sheet for instructions)

Official Use Only

ID: _____

Page of Pages
(1) 3 3

Date

(2) 4/6/88

Storage Facility

(3) outside

Business Name

(4) Genus Inc.

Facility Street Number

Street Name

515 Ellis St.

DOT
CLASS
(5)

Chemical Name/Trade Name
(6)

Quantity & Physical State
Gas (Cu Ft) (7)
Liquid (Gal) (8)
Solid (Lbs) (9)

Tank (10)
Waste (11)

Waste Annual
Throughput
(12)

POIS-S	molybdenum chloride			0.5			
POIS-S	Tungsten Hexachloride			1.0			
POIS-S	Tantalum Trifluoride			0.5			
CORR-G	Copper Trifluoride	1.0					
CORR-G	Aluminum Tribromide	1.0					
POIS-S	molybdenum Hexafluoride			1.0			
CORR-G	Trifluoroacetyl Acetate	0.5					
CORR-S	Potassium Phosphate			1.0			
CORR-S	Potassium Ferrocyanide			0.5			
ROX-L	Copper Trifluoroacetylacetone in Benzene		0.5				
POIS-S	Sodium Dichromate			0.5			
POIS-S	Tantalum Chloride			0.5			
POIS-S	Chromium Trioxide			2.0			
FL	Heptane		0.25				
FL	Chloroform		0.25				
FL	Methylene Chloride		0.25				
FER-L	Benzene		0.25				
FL	Ethyl Glycol monoethyl ether		1.0				
FL	PRS-1000 Stripper (organic liquid)		0.5				
FL	777 Etch (organic liquid)		2.0				
FL	RT Stripper (organic liquid)		1.0				
FL	Pentane		0.25				
RE-L	Pre-W Etch (Hydrofluoric Acid)		5.0				



CITY OF MOUNTAIN VIEW

FIRE PREVENTION BUREAU

1000 Villa Street

Mountain View, CA 94041

(415) 966-6378

FACILITY PERMIT FEE WORKSHEET

Amended 1987

(see back of sheet for instructions)

Official Use Only

ID

Business Name

(1)

Genus Inc.

Date

(2)

4/6/88

Facility Street Number(s)

Street Name

515 Ellis St.

DOT
CLASS

Aggregate Quantity
(Cu Ft) (Gal) (Lbs)

Quantity Range and Fees

6
(Refer To
Instructions)

DOT
Class
Abbrev
(6)

(3)

(4)

(5)

Blasting Agent				100	200	300	350	400		BLST
City Reg. Mats — Liquid				100	125	150	175	200		CRM-L
City Reg. Mats — Solid				100	125	150	175	200		CRM-S
Combustible Liquid				100	150	200	250	300		CL
Corrosive Gas	102			100	200	300	350	400		CORR-G
Corrosive Liquid		120		100	200	300	350	400		CORR-L
Corrosive Solid			1.5	100	200	300	350	400		CORR-S
Etiologic Agent				150	200	200	200	200		ETI
Explosives A				200	300	400	400	400		EXP A
Explosives B				150	200	300	400	400		EXP B
Explosives C				100	150	200	300	400		EXP C
Flammable Gas	2670			100	200	300	350	400		FG
Flammable Liquid		48		100	150	200	250	300		FL
Flammable Solid				100	150	200	250	300		FS
Irritant — Liquid		0.25		100	150	200	250	300		IRR-L
Irritant — Solid				100	150	200	250	300		IRR-S
Nonflammable Gas	12,610			100	150	200	250	300		NFG
Organic Peroxide — Liquid				100	200	300	400	500		PEROX-L
Organic Peroxide — Solid				100	200	300	400	500		PEROX-S
Other Reg. Mats — Liquid				100	150	175	200	250		ORM-L
Other Reg. Mats — Solid				100	150	175	200	250		ORM-S
Oxidizer — Liquid		14		100	200	300	350	400		OXY-L
Oxidizer — Solid				100	200	300	350	400		OXY-S
Poison A — Gas				100	200	300	400	500		POIS-G
Poison A — or B — Liquid		0.5		100	200	300	400	500		POIS-L
Poison A — or B — Solid			6	100	200	300	400	500		POIS-S
RADIOACTIVE				125	125	125	125	125		RAD
CRYOGEN		2200		100	200	300	350	400		CRYO

(7) TOTAL FEE DUE. \$ 400 + 200 + 600 + 250 + 0 + 0 = \$1450

*City Regulated Materials not classified by Department of Transportation (DOT)

Make check or money order payable to the City of Mountain View and attach to this worksheet.

INSTRUCTIONS

- (1) **BUSINESS NAME**—Enter business name and street address for the specific facility for which the application applies and do not use general mailing addresses. A facility means a building or buildings, appurtenant structures and surrounding land used by a single business entity at a single location or site.
- (2) **DATE**—Enter the date of the application.
- (3) **DOT CLASS**—Department of Transportation hazard class.
- (4) **AGGREGATE QUANTITY**—For the facility with more than one storage facility, i.e., more than one building(s) or outside storage area(s) used for hazardous material storage, the aggregate quantity is the **total** quantity from all the storage facilities per each DOT Hazard Classification. Place the aggregate quantity for each DOT Hazard Classification shown in Column (3).
- (5) **QUANTITY RANGE AND FEES**—Circle the corresponding fee for each of the aggregate quantity(s) reported in Column (4) by using the following quantity ranges.

QUANTITY RANGE NUMBERS

UNITS	NO. 1	NO. 2	NO. 3	NO. 4	NO. 5	NO. 6
Cubic Feet	Less than or equal to 200	Greater than 200 but less than or equal to 2,000	Greater than 2,000 but less than or equal to 10,000	Greater than 10,000 but less than or equal to 20,000	Greater than 20,000 but less than or equal to 50,000	Greater than 50,000
Gallons	Less than or equal to 55	Greater than 55 but less than or equal to 550	Greater than 550 but less than or equal to 2,750	Greater than 2,750 but less than or equal to 5,500	Greater than 5,500 but less than or equal to 10,000	Greater than 10,000
Pounds	Less than or equal to 500	Greater than 500 but less than or equal to 5,000	Greater than 5,000 but less than or equal to 25,000	Greater than 25,000 but less than or equal to 50,000	Greater than 50,000 but less than or equal to 100,000	Greater than 100,000

FEE CALCULATIONS FOR QUANTITY RANGE NO. 6

Cubic Feet Additional .025 cents per cubic foot above 50,000 cubic feet for any gases. See calculation example below.

$$\text{Flammable Gas} \quad \frac{500,000}{(\text{total cu. ft.})} - \frac{50,000}{(\text{QR \#5})} = \frac{450,000}{\text{difference}} \times \frac{.00025}{(.025 \text{ cents})} = \$ 112.50 + \$ 400.00 = \$ 512.50$$

(Add'l fees) (QR \#5 fee) **TOTAL FEE (QR \#6 fee)**

Gallons Additional .10 cents per gallon above 10,000 gallons for any liquids. See calculation example below.

$$\text{Combustible Liquids} \quad \frac{100,000}{(\text{total gal.})} - \frac{10,000}{(\text{QR \#5})} = \frac{90,000}{\text{difference}} \times \frac{.01}{(.10 \text{ cents})} = \$ 900.00 + \$ 300.00 = \$ 1,200.00$$

(Add'l fees) (QR \#5 fee) **TOTAL FEE (QR \#6 fee)**

Pounds Additional .01 cents per pound above 100,000 pounds for any solids. See calculation example below.

$$\text{Poison A or B Solids} \quad \frac{200,000}{(\text{total pounds})} - \frac{100,000}{(\text{QR \#5})} = \frac{100,000}{\text{difference}} \times \frac{.001}{(.01 \text{ cents})} = \$ 100.00 + \$ 500.00 = \$ 600.00$$

(Add'l fees) (QR \#5 fee) **TOTAL FEE (QR \#6 fee)**

AFTER CALCULATING QUANTITY RANGE NO. 6 AMOUNTS

ENTER THE TOTAL FEE DETERMINED ON FRONT OF FORM IN APPROPRIATE QUANTITY RANGE NO. 6 BOX

- (6) **DOT CLASS ABBREVIATION**—Department of Transportation hazard class abbreviations.
- (7) **TOTAL FEE DUE**—First determine the subtotals by adding the figures in each of the six Quantity Range and Fee columns, then add the subtotal figures and enter the total fee due. Have your check or money order made out to the City of Mountain View and attach to this worksheet. Do not make payment by cash.



This emergency response plan describes the personnel, procedures, and equipment your facility has available to respond to a release or threatened release of the hazardous materials you store or use. This plan is for the protection of your and your employees. For small facilities, this plan may be sufficient to adequately address all your emergency response concerns. For larger or more complex facilities, supplemental and detailed emergency response information should be maintained on site and be available for review by the Fire Department.

1 By which method(s) is the Emergency Coordinator (EC) at your facility notified that an emergency (i.e., an actual or threatened hazardous materials release) is taking place? (Check applicable items.)

- ☒ Alarms: Name of Manufacturer NATIONAL GUARDIAN SECURITY SERVICE
Last Test Date 3-31-88 Test Frequency MONTHLY
- ☒ Horns: Last Test Date 3-31-88 Test Frequency MONTHLY
- ☒ Emergency Phone Number: Number 800-541-0003
- ☐ Shouting
- ☐ Other _____

2 Once the EC has been notified of an emergency situation, what outside agencies does he/she notify? (Check applicable items.)

- ☒ Agency FIRE DEPARTMENT Phone 9 1 1
- ☒ Agency State Office of Emergency Services Phone 1-800-852-7550
- ☐ Agency: _____ Phone _____
- ☐ Agency: _____ Phone _____

3. Indicate the extent of your evacuation pre-planning. (Check applicable items.)

- ☒ Immediate area evacuation routes defined and procedures developed.
- ☒ Entire building evacuation procedures developed.
- ☒ Assembly areas pre-planned.
- ☒ Evacuation maps posted.
- ☐ Other: _____

4 Should personnel be injured during the emergency, your facility must have a nearby clinic/hospital available for treatment:

Medical Facility Name EL CAMINO HOSPITAL

Medical Facility Address 2500 GRANT RD. MT. VIEW 94039-7025

Medical Facility Phone Number (24-hour) (415) 940-7055

Approximate Distance to Medical Facility 3



CITY OF MOUNTAIN VIEW
FIRE DEPARTMENT

EMERGENCY RESPONSE PLAN
Section II: Spill Control / Mitigation Equipment

INSTRUCTIONS: In the blank form provided describe the safety, spill response, and communication equipment you have in place at your facility for use in emergency situations. If practical, report the equipment according to individual job, shop, or work activity area within your facility. If applicable, include the elements listed in legend.

PERSONAL PROTECTIVE AND SAFETY EQUIPMENT

Aprons
Gloves
Coats
Chemical Suits
Boots
Safety Glasses
Faceshield
Hard Hats
Cartridge Respirators
Self Contained Breathing Apparatus (SCBA) 3
First Aid Kits
Exhaust Hood/Vapor Scrubbers 3
First Aid Stations
Chemical Antidotes
Eye Wash/Safety Shower

SPILL CONTROL/MONITORING EQUIPMENT

Fire Blankets
Fire Extinguishers (Type A, B, C, and D)
Fire Hoses
Chemical Vapor Monitoring Equipment (Type)
Spill Cart
Chemical Absorbents
Neutralizers
Sand
Leak Repair Kits (Chlorine)
Underground Tank Leak
Detection Monitors
Overpack Drums
Plugging/Diking Materials
Pumps

COMMUNICATIONS EQUIPMENT

Pager
Telephones
Intercoms
Portable Radio(s)
Verbal

LOCATION (SHOP OR AREA)	PERSONAL PROTECTIVE & SAFETY EQUIPMENT/AMOUNT	EMERGENCY RESPONSE SPILL EQUIPMENT/AMOUNT	COMMUNICATIONS EQUIPMENT	INSPECTION FREQUENCY	NAME OF INSPECTOR/TITLE
EXAMPLE: Print Shop	Cartridge Respirators - 4 Shop Coats-4, Gloves-4pr Exhaust Hood-1	Fire Extinguishers-1 Sand-50 lbs	Telephone Verbal	Monthly	John Doe/Lead Technician
PROCESS LAB	ITEMS CHECKED ABOVE	ITEMS CHECKED ABOVE	VERBAL	MONTHLY	RALPH ITANEIN
APPLICATIONS LAB					FACILITY'S SUPERVISOR



CITY OF MOUNTAIN VIEW

FIRE DEPARTMENT
HAZARDOUS MATERIALS DIVISION
(415) 966-6378

1000 VILLA STREET
MOUNTAIN VIEW, CA 94041

GENUS INC
NORMAN ZETTERQUIST
515 ELLIS ST
MOUNTAIN VIEW, CA 94043

DUE DATE: APRIL 1, 1988

Don't Panic! It's just that time of the year again to renew your Hazardous Materials Storage Permit. The enclosed Hazardous Materials Management Plan (HMMP) is similar to the one you completed last year, so if you have your copy from last year to work from, you should be able to complete this year's forms easily and quickly.

The major change in the forms this year involves the Business Plan For Emergency Response. It has been simplified and reduced from seven pages down to three.

During 1987, the Waters' Bill (AB 2185/2187) went into effect. This Bill is basically the State's version of our local Hazardous Materials Storage Ordinance (Chapter 24, MVMC). By completing your HMMP this year, you will also fulfill the State of California's requirements under AB 2185/2187.

Please be assured that this information is not merely filed and forgotten. As a matter of fact, one copy of your application is placed in our Hazardous Materials Van. This copy will be used during a fire or hazardous materials incident at your facility to reduce the threat of a hazardous materials release, contain the incident, and minimize impacts on personnel and equipment. Needless to say, keeping this information current (especially personnel names and phone numbers) is ESSENTIAL. There is nothing worse than trying to contact the "responsible" facility personnel listed on your HMMP during an emergency and find they no longer work for your company or have moved to Tahiti!

The information below explains various subjects that may pertain to your facility. Please read it over before completing the forms. Thank you for helping us maintain the safety of Mountain View's citizens, employees, and fire fighters, as well as preserving our soil and groundwater for use in the years ahead.

REGULATED MATERIALS--Some of the most common materials regulated by our Ordinance which must be listed in your HMMP include: gasoline, diesel, motor oil, lube oil, transmission oil, cleaning solvents, degreasing solvents, caustic cleaners, acids, insecticides, herbicides, enamel paints and thinners, and compressed gases (oxygen, acetylene, nitrogen, etc.). If you have any questions regarding specific materials, please call us at (415) 966-6378.

PERMIT FEES--Annual fees are paid on a "facility" basis. If you are a tenant and occupy only a portion of a building, you may make a separate payment for the area you occupy. No application shall be accepted unless and until the fees have been paid (MVMC Sec. 24.44).

LATE CHARGES AND BACK FEES--All permit fees delinquent for thirty (30) days or more shall be subject to double permit fees. The first year requiring a permit was 1985. If hazardous materials were stored in 1985, 1986, or 1987 and permits were not obtained, back fees are due for these years. Back fees are also required for any errors made in previous submittals affecting the fee calculations.

NEGATIVE RESPONSES--If you have no hazardous materials stored at your facility, please return the application forms using the preaddressed envelope with a letter briefly stating this fact. If you are discontinuing usage or storage of hazardous materials during the year, you are still required to file this permit application and pay all applicable fees.

DISCONTINUED USE--If you plan on discontinuing the use and storage of hazardous materials at your facility, a closure plan must be filed with us not less than thirty (30) days prior to the termination of the storage. Please contact us for a closure plan application at (415) 966-6378.

APPLICATION AMENDMENT--Any changes in information on your application must be reported to this office at the time they occur, and an amendment to your application with any applicable fees must be filed. This includes changes in personnel, phone numbers, quantities stored, locations, etc.

RADIOACTIVE MATERIALS--For all facilities which store or handle any radioactive material in an amount for which a specific license is required by the State Department of Health Services, a copy of your license(s) from the State Department of Health Services must be submitted to us with your application.

WORK STATION EXCLUSION--The materials being used at a work station may be excluded from reporting. The amount of excluded material(s) should be limited to the quantity necessary for approximately one day's use. However, radioactive, cryogenic, compressed gases, and Poison A or B materials **MUST BE REPORTED** in any quantity, and are not subject to the Work Station Exclusion.

UNDERGROUND STORAGE TANKS--All underground storage tanks and sumps, whether in use or not, must be monitored and reported in this application. This includes any underground container which is used for the storage, containment, handling or treatment of hazardous materials (both wastes and non-wastes). **IF THE TANK'S USE HAS BEEN DISCONTINUED IT MUST STILL BE MONITORED OR REMOVED.**

FOR INFORMATION AND ASSISTANCE--For additional copies of the application forms or further information, contact the Fire Department at 1000 Villa Street or call (415) 966-6378. We recommend that all forms be typed to ensure legibility of all copies. Retain the original (white) sheet of the application forms for your own records and submit the colored copies to the Fire Department using the preaddressed return envelope provided.

COPIES OF THE HAZARDOUS MATERIALS STORAGE PERMIT CODE (ORDINANCE)
(MVMC CHAPTER 24), ARE AVAILABLE AT THE CITY CLERK'S OFFICE
IN CITY HALL, OR CALL (415) 966-6304

YOUR HAZARDOUS MATERIALS MANAGEMENT PLAN (HMMP) IS INCOMPLETE.

PLEASE ADDRESS THE ITEMS INDICATED BELOW BY THE DATE SHOWN.
A FULL TERM PERMIT WILL BE ISSUED WHEN THESE ITEMS HAVE BEEN COMPLETED.

Facility GENUS INC Address 515 ELLIS ST
Name NORM ZETTERQUIST Due Date 5/1/88

- ___ Renew your application to store hazardous materials (HM-3), including appropriate fees. Permits must be renewed annually. Complete the enclosed forms and submit them to: Mountain View Fire Dept., Hazardous Materials Division, 1000 Villa St., Mtn. View, CA 94041.
- ___ Clarification or an amendment of your application is required. Refer to indicated items and any comments enclosed.
- ___ Signature & date is required.
- ___ Quantities stored are not clear and/or incorrect.
- ___ MSDS's are required.
- ___ Waste(s) must be indicated.
- ___ Annual waste throughput must be noted on the form.
- ___ Facility map needs more detail.
- ___ Type of tank (above or below ground) must be clarified.
- ___ Application is incomplete. Fill out and submit enclosed forms.
- ___ Business plan for emergency response needs more information.

- ___ A recent inspection by the Fire Department indicates chemicals stored in quantities greater than what was reported. The attached form, "Storage Facility Permit Quantity Limit" must be revised to reflect this, and additional fees paid if reported quantity ranges increase.
- ___ Additional backfees are owed in the amount of \$_____, for the storage of hazardous materials during the _____ year.
- ___ Due to your lateness in filing, delinquent fees (double permit fees) of \$_____ are now owed for the _____ year.
- * An error was found on your Facility Permit Fee Worksheet.
100 is still owed to complete your application.
- ___ An error was found in your favor. You have a credit of \$_____ towards the _____ year.
- * POISON SOLID ARE NOT EXEMPT. WE ARE AWARE OF CREDITS
FOR BOTH FACILITIES.

Thank you for your cooperation in submitting this information to us. It will aid us directly in managing a hazardous materials incident at your facility and provide a greater degree of protection for your employees, neighbors, and first responders. Thanks Again!

hmadd -1/1/88

MVFD-Hazardous Materials Section



CITY OF MOUNTAIN VIEW

FIRE PREVENTION BUREAU

1000 Villa Street
Mountain View, CA 94041

(415) 966-6378

STORAGE FACILITY PERMIT QUANTITY LIMIT

Amended 1987

(see back of sheet for instructions)

Official Use Only

ID

Page of Pages

(1) 3 3

Date

(2) 4/6/88

Storage Facility

(3) outside

Business Name

(4) Genus Inc.

Facility Street Number

Street Name

515 Ellis St.

DOT CLASS (5)	Chemical Name/Trade Name (6)	Quantity & Physical State			Tank (10)	Waste (11)	Waste Annual Throughput (12)
		Gas (Cu Ft) (7)	Liquid (Gal) (8)	Solid (Lbs) (9)			
POIS-S	Molybdenum chloride			0.5			
POIS-S	Tungsten Hexachloride			1.0			
POIS-S	Tantalum Trifluoride			0.5			
CORR-G	Copper Trifluoride	1.0					
CORR-G	Aluminum Tribromide	1.0					
POIS-S	Molybdenum Hexafluoride			1.0			
CORR-G	Trifluoroacetyl Acetate	0.5					
CORR-S	Potassium Phosphate			1.0			
CORR-S	Potassium Ferrocyanide			0.5			
POIS-L	Copper Trifluoroacetyl acetone in Benzene		0.5				
POIS-S	Sodium Dichromate			0.5			
POIS-S	Tantalum chloride			0.5			
POIS-S	Chromium Trioxide			2.0			
FL	Heptane		0.25				
FL	Chloroform		0.25				
FL	Methylene Chloride		0.25				
IRR-L	Benzene		0.25				
FL	Ethyl Glycol monoethyl ether		1.0				
FL	PRS-1000 Stripper (organic liquid)		0.5				
FL	777 Etch (organic liquid)		2.0				
FL	RT Stripper (organic liquid)		1.0				
FL	Pentane		0.25				
CORR-L	Ac-W Etch (Hydrofluoric Acid)		5.0				



CITY OF MOUNTAIN VIEW

FIRE PREVENTION BUREAU

1000 Villa Street

Mountain View, CA 94041

(415) 966-6378

FACILITY PERMIT FEE WORKSHEET

Amended 1987

(see back of sheet for instructions)

Official Use Only

ID

Business Name

(1) Genus Inc.

Date

(2) 4/6/88

Facility Street Number(s)

Street Name

515 Ellis St.

DOT
CLASS

Aggregate Quantity
(Cu Ft) (Gal) (Lbs)

Quantity Range and Fees
1 2 3 4 5

6
(Refer To
Instructions)

DOT
Class
Abbrev.
(6)

(3)

(4)

(5)

Blasting Agent				100	200	300	350	400		BLST
City Reg Mats.—Liquid				100	125	150	175	200		CRM-L
City Reg Mats.—Solid				100	125	150	175	200		CRM-S
Combustible Liquid				100	150	200	250	300		CL
Corrosive Gas	102			100	200	300	350	400		CORR-G
Corrosive Liquid		120		100	200	300	350	400		CORR-L
Corrosive Solid			1.5 GALLONS	100	200	300	350	400		CORR-S
Etiologic Agent				150	200	200	200	200		ETI
Explosives A				200	300	400	400	400		EXP A
Explosives B				150	200	300	400	400		EXP B
Explosives C				100	150	200	300	400		EXP C
Flammable Gas	2670			100	200	300	350	400		FG
Flammable Liquid		48		100	150	200	250	300		FL
Flammable Solid				100	150	200	250	300		FS
Irritant—Liquid		0.25		100	150	200	250	300		IRR-L
Irritant—Solid				100	150	200	250	300		IRR-S
Nonflammable Gas	12,610			100	150	200	250	300		NFG
Organic Peroxide—Liquid				100	200	300	400	500		PEROX-L
Organic Peroxide—Solid				100	200	300	400	500		PEROX-S
Other Reg. Mats.—Liquid				100	150	175	200	250		ORM-L
Other Reg. Mats.—Solid				100	150	175	200	250		ORM-S
Oxidizer—Liquid		14		100	200	300	350	400		OXY-L
Oxidizer—Solid				100	200	300	350	400		OXY-S
Poison A—Gas				100	200	300	400	500		POIS-G
Poison A— or B—Liquid		25		100	200	300	400	500		POIS-L
Poison A— or B—Solid			6	100	200	300	400	500		POIS-S
RADIOACTIVE				125	125	125	125	125		RAD
CRYOGEN		2200		100	200	300	350	400		CRYO

(7) TOTAL FEE DUE:

$\$500 + 200 + 600 + 250 + 0 + 0 = \1550

*City Regulated Materials not classified by Department of Transportation (DOT)

Make check or money order payable to the City of Mountain View and attach to this worksheet.



CITY OF MOUNTAIN VIEW

HAZARDOUS MATERIAL MANAGEMENT PLAN

FIRE PREVENTION BUREAU

1000 Villa Street
Mountain View, CA 94041

Official Use Only

ID

Business Name

(1) GENUS, INC

Facility Street Address

(3) 515 ELLIS ST

Mailing Address

(4) 515 ELLIS ST

(5) Persons Responsible For:

Name

Phone Number

APPLICATION

W. LEHNER

(415) 960-1120

BUSINESS

W. LEHNER / C. BECK

(415) 960-1120

PROPERTY

BANK OF AMERICA

()

(6) Persons Responsible For Responding In An Emergency After Normal Work Hours

Name

Title

Home Phone Number

Work Phone Number

TODD SUSSENBARGER FACILITIES MGR. (408) 275-4522 (415) 960-1120

W. LEHNER V-PRES (415) 941-3897 (415) 960-1120

C. BECK V-PRES (408) 395-2455 (415) 960-1120

() ()

(7) Business Activity (check applicable box)

☒ R & D☐ Manufacturing☐ Repair/Maintenance☐ Processing☒ Offices/Clerical☐ Retail☐ Medical☐ Testing☐ Other

(8) I declare under penalty of perjury, the foregoing information is true and correct.

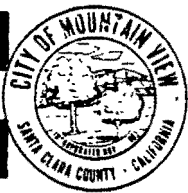
W. LEHNER

Print Name

Signature

Date

12-6-85



CITY OF MOUNTAIN VIEW

HAZARDOUS MATERIAL MANAGEMENT PLAN

(see back of sheet for instructions)

FIRE PREVENTION BUREAU

1000 Villa Street

Mountain View, CA 94041

(415) 966-6378

Official Use Only

ID: _____

Business Name

Business Phone Number

(1) GENUS, INC

(2) (415) 960-1120

Facility Street Address

(3) 515 ELLIS ST MTN VIEW CA 94043

Mailing Address

City

State

Zip Code

(4) 515 ELLIS ST MTN VIEW CA 94043

(5) Persons Responsible For:

Name

Phone Number

APPLICATION

W. LEHNER

(415) 960-1120

BUSINESS

W. LEHNER / C. BECK

(415) 960-1120

PROPERTY

BANK OF AMERICA

()

(6) Persons Responsible For Responding In An Emergency After Normal Work Hours

Name

Title

Home Phone Number

Work Phone Number

TODD SUSSENBARGER FACILITIES MT. (408) 275-4522 (415) 960-1120

W. LEHNER V-PRES (415) 941-3897 (415) 960-1120

C. BECK V-PRES (408) 395-2455 (415) 960-1120

() () ()

(7) Business Activity (check applicable box)



R & D

☐ Manufacturing

☐ Repair/Maintenance



Processing



Offices/Clerical



Retail



Medical



Testing



Other _____

(8) I declare under penalty of perjury, the foregoing information is true and correct

W. LEHNER

[Signature]

12-6-85

Print Name

Signature

Date

INSTRUCTIONS

- (1) BUSINESS NAME — Enter business name for which the application applies
- (2) BUSINESS PHONE — Enter business phone number
- (3) FACILITY STREET ADDRESS — Enter complete address for the specific "facility" for which the application applies and do not use general mailing address. A "facility" means a building or buildings, appurtenant structures and surrounding land used by a **single** business entity at a **single** location or site (single property or contiguous properties)

If you are a tenant and occupy only a portion of a building, you **must** submit a separate full application for the portion of the building you occupy.
If you are a corporate division and occupy a portion of a building, you **may** submit a separate application for the portion of the building you occupy.

Be sure to enter the complete address: street number, direction, street name, building, suite or room number and zip code.
- (4) MAILING ADDRESS — Enter full mailing address if different from the facility address
- (5) PERSONS RESPONSIBLE FOR — Enter names and phone numbers for persons responsible for the
APPLICATION (Actual completion of all HM-3 forms)
BUSINESS (Corporate Officer or partner)
PROPERTY (Owner of property)
- (6) PERSONS RESPONSIBLE FOR RESPONDING IN AN EMERGENCY — List four persons to be contacted in case of an emergency after normal work hours. Along with their names, include their job title, home phone number and work phone number.
- (7) BUSINESS ACTIVITY — Check one or more boxes next to the activity description(s) that apply.
- (8) DECLARATION OF INFORMATION — Print the name of the person responsible for the information submitted on the HM-3 forms, to include the Hazardous Material Management Plan, General Facility Map, Storage Facility Permit Quantity Limit and Facility Permit Fee Worksheet.

This person must sign and date the Hazardous Material Management Plan before submitting the HM-3 forms and payment of permit fees to the City of Mountain View, Fire Prevention Bureau.



CITY OF MOUNTAIN VIEW

FIRE PREVENTION BUREAU

1000 Villa Street
Mountain View, CA 94041

(415) 966-6378

FACILITY PERMIT FEE WORKSHEET

(see back of sheet for instructions)

Official Use Only

ID

Business Name

(1) GENUS, INC

Date

(2) 12-6-85

Facility Street Number

Street Name

515 ELLIS ST

DOT CLASS (3)	Aggregate Quantity			Quantity Range and Fees					DOT Class Abbreviations (6)
	(Cu Ft)	(Gal)	(Lbs)	1	2	3 (5)	4	5	
Blasting Agent				50	75	100	150	200	BLST
Combustible Liquid				25	50	75	100	125	CL
Corrosive Liquid		87		25	100	125	150	200	CORR-L
Corrosive Solid				25	100	125	150	200	CORR-S
Etiologic Agent				*	*	*	*	*	ETI
Explosives A				150	200	200	200	200	EXP A
Explosives B				100	150	200	200	200	EXP B
Explosives C				75	100	150	200	200	EXP C
Flammable Gas	2868			25	100	125	150	200	FG
Flammable Liquid		45		25	50	75	100	125	FL
Flammable Solid				25	50	100	150	200	FS
Irritant - Liquid				25	50	75	100	125	IRR-L
Irritant - Solid				25	50	75	100	125	IRR-S
Nonflammable Gas	6700			25	50	75	100	125	NFG
Organic Peroxide - Liquid				150	200	200	200	200	PEROX-L
Organic Peroxide - Solid				150	200	200	200	200	PEROX-S
Other Reg Mats - Liquid				100	150	175	200	200	ORM-L
Other Reg Mats - Solid				100	150	175	200	200	ORM-S
Oxidizer - Liquid		24		25	50	100	150	200	OXY-L
Oxidizer - Solid				25	50	100	150	200	OXY-S
Poison A - Gas				50	100	150	200	250	POIS-G
Poison A - Liquid				50	100	150	200	250	POIS-L
Poison B - Liquid				50	100	150	200	250	POIS-L
Poison B - Solid				50	100	150	200	250	POIS-S
RADIOACTIVE				*	*	*	*	*	RAD
CRYOGEN		3440		25	50	75	100	200	CRYO

(7) Total Fee Due:

\$ 50 + 100 + 125 + 200 + 0 = \$ 475

*Contact Fire Prevention Bureau for additional reporting requirements and fees.

(100 credit toward '86)

INSTRUCTIONS

- (1) **BUSINESS NAME** — Enter business name and street address for the specific facility for which the application applies and do not use general mailing addresses. A facility means a building or buildings, appurtenant structures and surrounding land used by a single business entity at a single location or site.
- (2) **DATE** — Enter the date of the application.
- (3) **DOT CLASS** — Department of Transportation hazard class.
- (4) **AGGREGATE QUANTITY** — For the facility with more than one storage facility, i.e., more than one building(s) or outside storage area(s) used for hazardous material storage, the aggregate quantity is the total quantity from all the storage facilities per each DOT Hazard Classification. Place the aggregate quantity for each DOT Hazard Classification shown in Column (3).
- (5) **QUANTITY RANGE AND FEES** — Circle the corresponding fee for each of the aggregate quantity(s) reported in Column (4) by using the following quantity ranges.

QUANTITY RANGE NUMBERS

UNITS	NO. 1	NO. 2	NO. 3	NO. 4	NO. 5
Cubic Feet	Less than or equal to 200	Greater than 200 but less than or equal to 2,000	Greater than 2,000 but less than or equal to 10,000	Greater than 10,000 but less than or equal to 20,000	Greater than 20,000
Gallons	Less than or equal to 55	Greater than 55 but less than or equal to 550	Greater than 550 but less than or equal to 2,750	Greater than 2,750 but less than or equal to 5,500	Greater than 5,500
Pounds	Less than or equal to 500	Greater than 500 but less than or equal to 5,000	Greater than 5,000 but less than or equal to 25,000	Greater than 25,000 but less than or equal to 50,000	Greater than 50,000

- (6) **DOT CLASS ABBREVIATION** — Department of Transportation hazard class abbreviations.
- (7) **TOTAL FEE DUE** — First determine the subtotals by adding the figures in each of the five Quantity Range and Fee columns, then add the subtotal figures and enter the total fee due. Have your check or money order made out to the 'City of Mountain View' and attach to this worksheet. Do not make payment by cash.



CITY OF MOUNTAIN VIEW

HAZARDOUS MATERIAL MANAGEMENT PLAN

(see back of sheet for instructions)

FIRE PREVENTION BUREAU

1000 Villa Street

Mountain View, CA 94041

(415) 966-6378

Official Use Only

ID

Business Name

(1) GENUS INC

Business Phone Number

(2) (415) 964-1100

Facility Street Address

(3) 290 FERGUSON DR. MTN VIEW CA 94043

Mailing Address

City

State

Zip Code

(4) AS ABOVE

(5) Persons Responsible For

Name

Phone Number

APPLICATION

W. LEHNER

(415) 960-1120

BUSINESS

W. LEHNER / C. BECK

(415) 960-1120

PROPERTY

BANK OF AMERICA

() -

(6) Persons Responsible For Responding In An Emergency After Normal Work Hours

Name

Title

Home Phone Number

Work Phone Number

TODD SUSSENBARGER FACILITIES MAINT

(408) 275-6522

(415) 960-1120

W. LEHNER V-PRES

(415) 941-3897

(415) 960-1120

C. BECK V-PRES

(408) 395-2455

(415) 960-1120

()

()

(7) Business Activity (check applicable box)

☐ R & D

☒ Manufacturing

☐ Repair/Maintenance

☐ Processing

☒ Offices/Clerical

☐ Retail

☐ Medical

☐ Testing

☐ Other

I declare under penalty of perjury, the foregoing information is true and correct

W. LEHNER

W. Lehner

12-4-85

Print Name

Signature

Date

INSTRUCTIONS

- (1) BUSINESS NAME — Enter business name for which the application applies
- (2) BUSINESS PHONE — Enter business phone number
- (3) FACILITY STREET ADDRESS — Enter complete address for the specific facility for which the application applies and do not use general mailing address. A facility means a building or buildings, appurtenant structures and surrounding land used by a **single** business entity at a **single** location or site (single property or contiguous properties)
If you are a tenant and occupy only a portion of a building, you **must** submit a separate full application for the portion of the building you occupy.
If you are a corporate division and occupy a portion of a building, you **may** submit a separate application for the portion of the building you occupy.
Be sure to enter the complete address: street number, direction, street name, building, suite or room number and zip code.
- (4) MAILING ADDRESS — Enter full mailing address if different from the facility address
- (5) PERSONS RESPONSIBLE FOR — Enter names and phone numbers for persons responsible for the:
APPLICATION (Actual completion of all HM-3 forms)
BUSINESS (Corporate Officer or partner)
PROPERTY (Owner of property)
- (6) PERSONS RESPONSIBLE FOR RESPONDING IN AN EMERGENCY — List four persons to be contacted in case of an emergency after normal work hours. Along with their names, include their job title, home phone number and work phone number.
- (7) BUSINESS ACTIVITY — Check one or more boxes next to the activity description(s) that apply.
- (8) DECLARATION OF INFORMATION — Print the name of the person responsible for the information submitted on the HM-3 forms, to include the Hazardous Material Management Plan, General Facility Map, Storage Facility Permit Quantity Limit and Facility Permit Fee Worksheet.
This person must sign and date the Hazardous Material Management Plan before submitting the HM-3 forms and payment of permit fees to the City of Mountain View Fire Prevention Bureau.



CITY OF MOUNTAIN VIEW

FIRE PREVENTION BUREAU

1000 Villa Street
Mountain View, CA 94041

(415) 966-6378

FACILITY PERMIT FEE WORKSHEET

(see back of sheet for instructions)

Official Use Only

ID

Business Name

(1) GENUS INC.

Date

(2) 12-4-85

Facility Street Number

Street Name

290 FERGUSON DRIVE

DOT CLASS (3)	Aggregate Quantity			Quantity Range and Fees					DOT Class Abbreviations (6)
	(Cu Ft)	(Gal)	(Lbs)	1	2	3 (5)	4	5	
Blasting Agent				50	75	100	150	200	BLST
Combustible Liquid				25	50	75	100	125	CL
Corrosive Liquid				25	100	125	150	200	CORR-L
Corrosive Solid				25	100	125	150	200	CORR-S
Explosive Agent				*	*	*	*	*	ETI
Explosives A				150	200	200	200	200	EXPA
Explosives B				100	150	200	200	200	EXPB
Explosives C				75	100	150	200	200	EXPC
Flammable Gas				25	100	125	150	200	FG
Flammable Liquid		20		25	50	75	100	125	FL
Flammable Solid				25	50	100	150	200	FS
Irritant - Liquid				25	50	75	100	125	IRR-L
Irritant - Solid				25	50	75	100	125	IRR-S
Nonflammable Gas	4997			25	50	75	100	125	NFG
Organic Peroxide - Liquid				150	200	200	200	200	PEROX-L
Organic Peroxide - Solid				150	200	200	200	200	PEROX-S
Other Reg Mats - Liquid				100	150	175	200	200	ORM-L
Other Reg Mats - Solid				100	150	175	200	200	ORM-S
Oxidizer - Liquid				25	50	100	150	200	OXY-L
Oxidizer - Solid				25	50	100	150	200	OXY-S
Poison A - Gas				50	100	150	200	250	POIS-G
Poison A - Liquid				50	100	150	200	250	POIS-L
Poison B - Liquid				50	100	150	200	250	POIS-L
Poison B - Solid				50	100	150	200	250	POIS-S
RADIOACTIVE				*	*	*	*	*	RAD
CRYOGEN		3440		25	50	75	100	200	CRYO

(7) Total Fee Due

\$ 25 + 0 + 75 + 100 + 0 = \$ 200

*Contact Fire Prevention Bureau for additional reporting requirements and fees.

INSTRUCTIONS

- (1) **BUSINESS NAME** — Enter business name and street address for the specific facility for which the application applies and do not use general mailing addresses. A facility means a building or buildings, appurtenant structures and surrounding land used by a single business entity at a single location or site.
- (2) **DATE** — Enter the date of the application.
- (3) **DOT CLASS** — Department of Transportation hazard class.
- (4) **AGGREGATE QUANTITY** — For the facility with more than one storage facility, i.e. more than one building(s) or outside storage area(s) used for hazardous material storage, the aggregate quantity is the **total** quantity from all the storage facilities per each DOT Hazard Classification. Place the aggregate quantity for each DOT Hazard Classification shown in Column (3).
- (5) **QUANTITY RANGE AND FEES** — Circle the corresponding fee for each of the aggregate quantity(s) reported in Column (4) by using the following quantity ranges:

QUANTITY RANGE NUMBERS

UNITS	NO. 1	NO. 2	NO. 3	NO. 4	NO. 5
Cubic Feet	Less than or equal to 200	Greater than 200 but less than or equal to 2,000	Greater than 2,000 but less than or equal to 10,000	Greater than 10,000 but less than or equal to 20,000	Greater than 20,000
Gallons	Less than or equal to 55	Greater than 55 but less than or equal to 550	Greater than 550 but less than or equal to 2,750	Greater than 2,750 but less than or equal to 5,500	Greater than 5,500
Pounds	Less than or equal to 500	Greater than 500 but less than or equal to 5,000	Greater than 5,000 but less than or equal to 25,000	Greater than 25,000 but less than or equal to 50,000	Greater than 50,000

- (6) **DOT CLASS ABBREVIATION** — Department of Transportation hazard class abbreviations.
- (7) **TOTAL FEE DUE** — First determine the subtotals by adding the figures in each of the five Quantity Range and Fee columns, then add the subtotal figures and enter the total fee due. Have your check or money order made out to the City of Mountain View and attach to this worksheet. Do not make payment by cash.

12-6-85- Ellis St MD

Cylinders

4 Lpg	4 5	332 x 5-	1660 cu ft
Helium	3 5	286 x 5	1430 cu ft
N ₂	4 10	301 x 10	3010 cu ft
Hydrogen F ₂	3 3	256 x 3	768 cu ft
Oxygen	2	335 x 2	670 cu ft
Silane F ₄	4 + 1 - 5	420 x 5-	2100 cu ft
WF ₆ -	1 - 40 lb.		
HF ₃	2		

Acids - 16 gal
41
 57 gal

Oxidizer 24 gal

Caustic Soda 30 lb
50 gal

Acetone }
 Alcohol } 31 gal

ORIGINATING DEPARTMENT ☐ FINANCE ☐ RECREATION ☐ POLICE ☒ FIRE ☐ LIBRARY ☐ OTHER

207A ***650000T

RECEIVED FROM Genius Inc. DATE 060485

ACCOUNT CODE	DESCRIPTION	AMOUNT
261 057 14 11	HAE. Mat. Storage Permit for 515 4066	650.00

ss Phone Number
960-1120

CHECK NO 11039 CASH 11-35 BY n. Weinberg No. 75002
1210 CASHIER

94043
Zip Code
94043

(5) Persons Responsible For

	Name	Phone Number
APPLICATION	<u>CLARK FUHS</u>	<u>(415) 960-1120</u>
BUSINESS	<u>W. ELDER / W. LEHNER</u>	<u>(415) 960-1120</u>
PROPERTY	<u>BANK OF AMERICA</u>	<u>()</u>

(6) Persons Responsible For Responding In An Emergency After Normal Work Hours

Name	Title	Home Phone Number	Work Phone Number
<u>MARVIN BRALTIGAN</u>	<u>MAINTENANCE</u>	<u>(408) 967-736-1114</u>	<u>(415) 960-1120</u>
<u>JOE SOLINSKI</u>	<u>LEAD-MAINTENANCE</u>	<u>(415) 782-7036</u>	<u>(415) 960-1120</u>
		<u>()</u>	<u>()</u>
		<u>()</u>	<u>()</u>

(7) Business Activity (check applicable box)

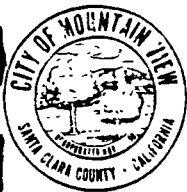
☒ R & D ☐ Manufacturing ☐ Repair/Maintenance
☐ Processing ☒ Offices/Clerical ☐ Retail
☐ Medical ☐ Testing ☐ Other

(8) I declare under penalty of perjury, the foregoing information is true and correct

W. LEHNER
Print Name

W. Lehner
Signature

4/19/85
Date



CITY OF MOUNTAIN VIEW

FIRE PREVENTION BUREAU

1000 Villa Street
Mountain View, CA 94041

(415) 966-6378

HAZARDOUS MATERIAL MANAGEMENT PLAN

(see back of sheet for instructions)

Revision

Official Use Only

ID

Business Name

(1) GENUS INC.

Business Phone Number

(2) (415) 960-1120

Facility Street Address

(3) 515 ELLIS STREET MOUNTAIN VIEW CA 94043

Mailing Address

(4) 515 ELLIS STREET MOUNTAIN VIEW CA 94043

(5) Persons Responsible For

Name

Phone Number

APPLICATION

CLARK FUHS

(415) 960-1120

BUSINESS

W ELDER / W. LEHNER

(415) 960-1120

PROPERTY

BANK OF AMERICA

()

(6) Persons Responsible For Responding In An Emergency After Normal Work Hours

Name

Title

Home Phone Number

Work Phone Number

MARVIN BRAUTIGAN MAINTENANCE

(408) 736-1114

(415) 960-1120

JOE SOLINSKI LEAD-MAINTENANCE

(415) 782-7036

(415) 960-1120

()

()

()

()

(7) Business Activity (check applicable box)

☒ R & D

☐ Manufacturing

☐ Repair/Maintenance

☐ Processing

☒ Offices/Clerical

☐ Retail

☐ Medical

☐ Testing

☐ Other

I declare under penalty of perjury, the foregoing information is true and correct

W. LEHNER

Print Name

W. Lehner

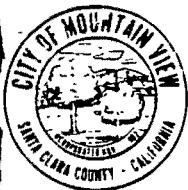
Signature

4/19/85

Date

INSTRUCTIONS

- (1) BUSINESS NAME — Enter business name for which the application applies
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BUSINESS (Corporate Officer or partner)
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CITY OF MOUNTAIN VIEW

FIRE PREVENTION BUREAU

1000 Villa Street
Mountain View, CA 94041

(415) 966-6378

GENERAL FACILITY MAP
(see back of sheet for example)

Revision

Official Use Only

ID									
----	--	--	--	--	--	--	--	--	--

Business Name

GENUS INC

Date

APRIL 25, 1985

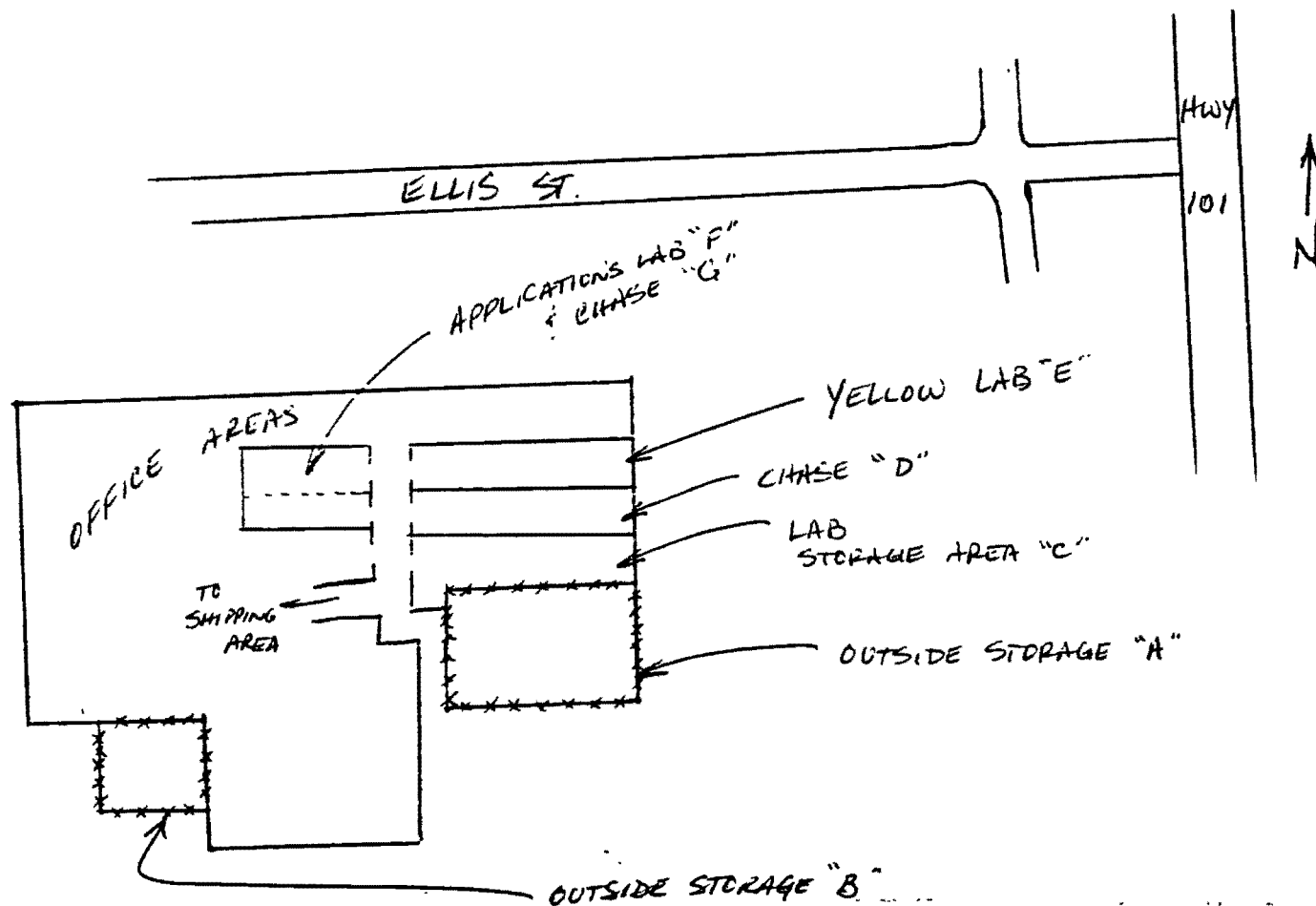
Facility Street Number

515

Street Name

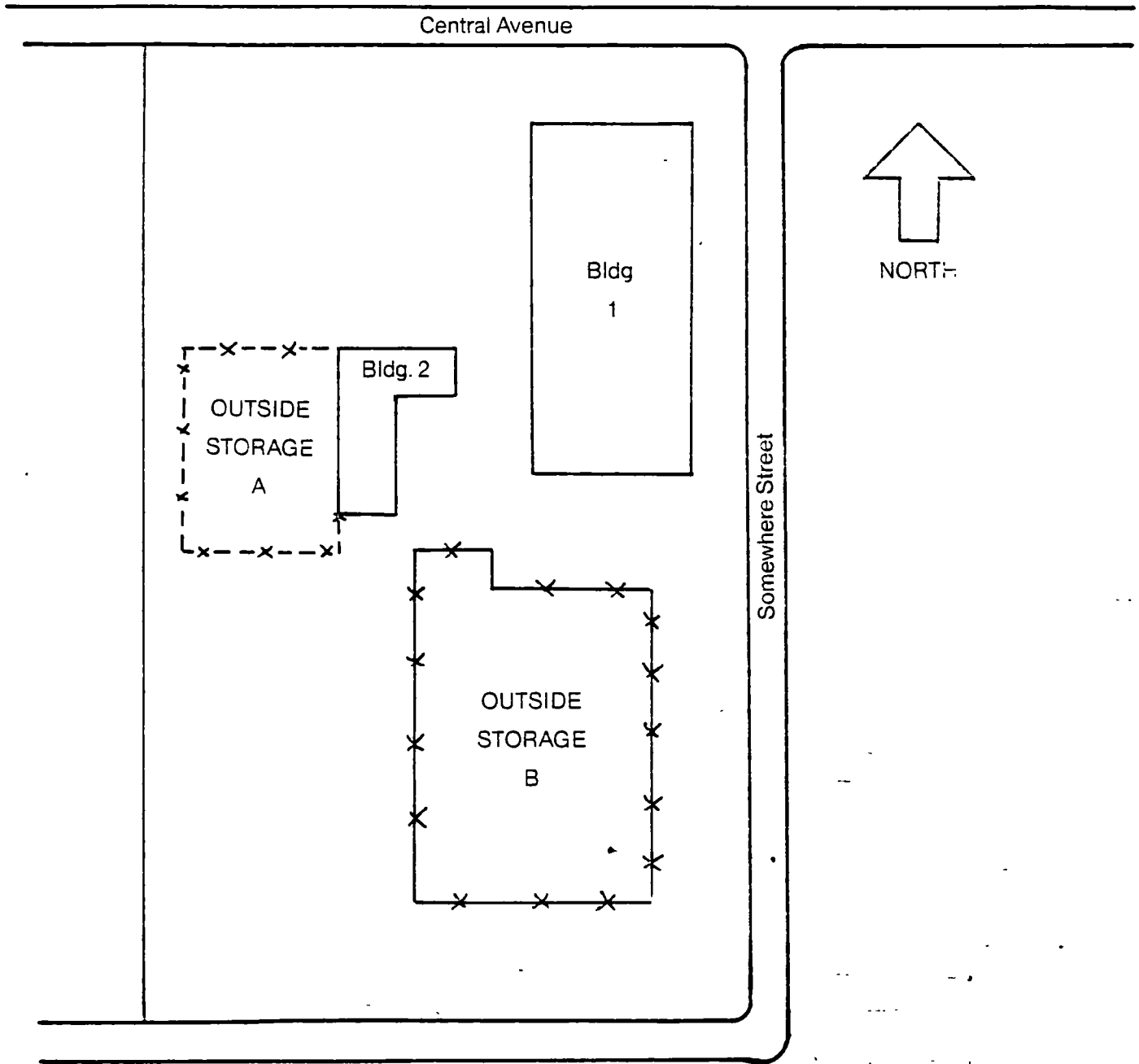
ELLIS STREET

Provide a simple line drawing below following the example shown on the back of this form



NOT DRAWN TO SCALE

*** EXAMPLE ***





CITY OF MOUNTAIN VIEW

FIRE PREVENTION BUREAU

1000 Villa Street
Mountain View, CA 94041

(415) 966-6378

STORAGE FACILITY PERMIT QUANTITY LIMIT

(see back of sheet for instructions)

Official Use Only

ID

Revision

Page of Pages

(1)

1

2

Date

(2)

4-25-85

Storage Facility

(3)

"A"

Business Name

(4)

GENUS INC.

Facility Street Number

Street Name

515

ELLIS STREET

DOT
CLASS
(5)

Chemical Name/Trade Name
(6)

Quantity & Physical State
Gas
(Cu Ft)
(7)

Liquid
(Gal)
(8)

Solid
(Lbs)
(9)

Tank
(10)

Waste
(11)

Quantity Range
(12)

STORAGE AREA "A"											
FL	ASSORTED FLAMMABLE LIQUIDS						50				1
	1,1,1-TRICHLOROETHANE 2-PROPANOL ACETONE										
	TRISOBUTYLALUMINUM HEPTANE METHANOL										
	METHYLENE CHLORIDE PENTANE BENZENE										
	2-3% ORGANOMETALLICS IN BENZENE SOLVENT										
FL	WASTE SOLVENTS						55			x	1
CORR-L	ASSORTED CORROSIVE LIQUIDS						45				1
	SULFURIC ACID NITRIC ACID HYDROFLUORIC ACID										
	PHOSPHORIC ACID HYDROCHLORIC ACID ACETIC ACID										
CXY-L	ASSORTED OXIDIZING LIQUIDS						30				1
	HYDROGEN PEROXIDE NITRIC ACID										
ORM-L	ASSORTED OTHER REGULATED MATERIALS						140				2
	CARBON TETRACHLORIDE AMMONIUM FLUORIDE										
	AMMONIUM HYDROXIDE SODIUM HYDROXIDE										
FG	HYDROGEN						1060				2
FG	SILANE						1570				2
NFG	NITROGEN TRIFLUORIDE						150				1
NFG	CARBON TETRAFLUORIDE						<200				1
NFG	ARGON						2000				2
NFG	HELIUM						1150				2
NFG	NITROGEN						2000				2
CLG	OXYGEN						1320				2
NFG	NITROUS OXIDE						600				2
NFG	AMMONIA						<100				1
CORR-G	TUNGSTEN HEXAFLUORIDE						186				1

INSTRUCTIONS

- (1) When more than one page is used for a storage facility, enter the page number and total number of pages
- (2) **DATE** — Enter the date of the application
- (3) **STORAGE FACILITY** — A "storage facility" means an individual building, outside storage area, and/or other outside structure that is used to store hazardous materials. When there is more than one storage facility being used by a business at a single location, enter a number(s) or letter(s) that is used to identify each building or area being reported. **NOTE** Use a separate form for reporting each building or storage area. A simple line drawing of the facility on 8½"x11" size paper showing the building(s) and outside storage area(s) with their assigned designation number or letter should be submitted to help identify where each storage facility is on the property in relation to other storage facilities. Form HM-3 General Facility Map, may be used for completing this requirement. If you are a tenant or corporate division and occupy only a portion of a building, you **must** submit a General Facility Map showing the portion of the building(s) you occupy.
- (4) **BUSINESS NAME** — Enter business name and the street address for the specific "facility" for which the application applies and do not use general mailing addresses. A "facility" means a building or buildings, appurtenant structures and surrounding land used by a single business entity at a single location or site.
- (5) **DOT CLASS** — Enter the Department of Transportation (DOT) hazard class using the abbreviations shown below and report the hazardous materials stored using the DOT hazard class in the same sequence as shown below, i.e., the first DOT class that may be reported would be "BLST" (Blasting Agent) followed by "CL" (Combustible Liquid), and so on. These same abbreviations are shown again in the same order on the Facility Permit Fee Worksheet, Form HM-3. **NOTE** After all the entries for the DOT class have been made, draw a line across the page before starting the next DOT class as listed above. Use as many additional pages of this form as necessary to complete the report for each storage facility.

DOT HAZARD CLASSES AND ABBREVIATIONS

Blasting Agent	BLST	Flammable Solid	FS	Oxidizer — Liquid	OXY-L
Combustible Liquid	CL	Irritant — Liquid	IRR-L	Oxidizer — Solid	OXY-S
Corrosive Liquid	CORR-L	Irritant — Solid	IRR-S	Poison A-Gas	POIS-G
Corrosive Solid	CORR-S	Nonflammable Gas	NFG	Poison A-Liquid	POIS-L
Etiological Agent	ETI	Organic Peroxide — Liquid	PEROX-L	Poison B-Liquid	POIS-L
Explosives A	EXP A	Organic Peroxide — Solid	PEROX-S	Poison B-Solid	POIS-S
Explosives B	EXP B	Other Regulated Materials — Liquid	ORM-L	RADIOACTIVE	RAD
Explosives C	EXP C	Other Regulated Materials — Solid	ORM-S	CRYOGENS	CRYO
Flammable Gas	FG				
Flammable Liquid	FL				

- (6) **CHEMICAL NAME/TRADE NAME** — For **each** hazardous material (includes both non-waste and waste materials) where the quantity stored is "Quantity Range No. 1" (see chart below), i.e., **less** than 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet (STP) for gases, the exact chemical name for each chemical is **not** required. Summarize these individual small quantity chemicals by the DOT class name and report as a single line with the DOT class name preceded by the word "Assorted." Example: Assorted Flammable Liquids.

For **each** hazardous material (includes both non-waste and waste materials) where the quantity stored is "Quantity Range Nos. 2 through 5," i.e., **greater** than 55 gallons, 500 pounds, or 200 cubic feet, provide the chemical name, proprietary name, or chemical name of major constituents for mixtures; followed by a slash and then the applicable trade name. Example: trichlorotrifluoroethane / Freon 113.

NOTE All radioactive, cryogenic and compressed gases must be reported even though they may not be listed as a regulated hazardous material.

All transformers and capacitors with polychlorinated biphenyls contents over 7 ppm must be specifically reported using the DOT class abbreviation ORM-L and the abbreviation PCB for the chemical name.

- (7-9) **QUANTITY AND PHYSICAL STATE** — Enter the maximum anticipated **total** quantity of hazardous material that is normally stored in the storage facility for each chemical and/or DOT class when summarizing small items, using Columns 7, 8 and 9, depending upon the physical state of the material. Round off the quantities to the nearest whole gallon, pound or cubic foot. When the material is stored in a tank, the quantity reported shall be the capacity limit of the tank.
- (10) **TANK** — Mark an X in the column if the material is stored in an above-ground or underground tank.
- (11) **WASTE** — Mark an X in the column if the material is a waste.
- (12) **QUANTITY RANGE** — Using the Quantity Range Numbers shown below, enter the Quantity Range Number for the corresponding quantity recorded in Columns 7, 8 and 9 for each chemical and/or DOT class when used to summarize small quantity items. The quantity ranges shown will be the "permit quantity limit" for the hazardous materials that may be stored in the "storage facility."

QUANTITY RANGE NUMBERS

UNITS	NO. 1	NO. 2	NO. 3	NO. 4	NO. 5
Cubic Feet	Less than or equal to 200	Greater than 200 but less than or equal to 2,000	Greater than 2,000 but less than or equal to 10,000	Greater than 10,000 but less than or equal to 20,000	Greater than 20,000
Gallons	Less than or equal to 55	Greater than 55 but less than or equal to 550	Greater than 550 but less than or equal to 2,750	Greater than 2,750 but less than or equal to 5,500	Greater than 5,500
Pounds	Less than or equal to 500	Greater than 500 but less than or equal to 5,000	Greater than 5,000 but less than or equal to 25,000	Greater than 25,000 but less than or equal to 50,000	Greater than 50,000



CITY OF MOUNTAIN VIEW

FIRE PREVENTION BUREAU

1000 Villa Street
Mountain View, CA 94041

(415) 966-6378

STORAGE FACILITY PERMIT QUANTITY LIMIT

(see back of sheet for instructions)

Revision

Page of Pages

(1) 2

2

Date

(2) 4-25-85

Storage Facility

(3) "B" THRU "G"

Official Use Only

ID

Business Name

(4) GENUS INC.

Facility Street Number

Street Name

515

ELLIS STREET

DOT
CLASS
(5)

Chemical Name/Trade Name
(6)

Quantity & Physical State
Gas (Cu Ft) (7)
Liquid (Gal) (8)
Solid (Lbs) (9)

Tank (10)
Waste (11)
Quantity Range (12)

	STORAGE "B"										
C2YC	LIQUID NITROGEN	264000 equiv									5
	STORAGE AREAS "C" & "F"										
FL	ASSORTED FLAMMABLE LIQUIDS										
	2. PROPANOL 1,1,1-TRICHLOROETHANE ACETONE					3					1
CORR-L	ASSORTED CORROSIVE LIQUIDS										
	HYDROFLUORIC ACID, NITRIC ACID SULFURIC ACID					3					1
CX-L	HYDROGEN PEROXIDE					2					1
	STORAGE AREAS "D" & "G"										
CORR-G	TUNGSTEN HEXAFLUORIDE	<100									1
NFG	NITROGEN TRIFLUORIDE	<200									1
	HELIUM ("D" ONLY)	300									2
	NITROGEN	1200									2
	CARBON TETRAFLUORIDE ("D" ONLY)	<100									1
	STORAGE AREA "E"										
FL	1350J PHOTORESIST					2					1
CORR-L	ASSORTED CORROSIVE LIQUIDS										
	NITRIC ACID HYDROFLUORIC ACID					3					1
	SULFURIC ACID										

INSTRUCTIONS

- (1) When more than one page is used for a storage facility, enter the page number and total number of pages
- (2) DATE — Enter the date of the application
- (3) STORAGE FACILITY—A 'storage facility' means an individual building, outside storage area and/or other outside structure that is used to store hazardous materials. When there is more than one storage facility being used by a business at a single location, enter a number(s) or letter(s) that is used to identify each building or area being reported. NOTE: Use a separate form for reporting each building or storage area. A simple line drawing of the facility on 8½"x11" size paper showing the building(s) and outside storage area(s) with their assigned designation number or letter should be submitted to help identify where each storage facility is on the property in relation to other storage facilities. Form HM-3, General Facility Map, may be used for completing this requirement. If you are a tenant or corporate division and occupy only a portion of a building, you **must** submit a General Facility Map showing the portion of the building(s) you occupy.
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- (5) DOT CLASS — Enter the Department of Transportation (DOT) hazard class using the abbreviations shown below **and** report the hazardous materials stored using the DOT hazard class in the same sequence as shown below i.e., the first DOT class that may be reported would be 'BLST' (Blasting Agent) followed by 'CL' (Combustible Liquid), and so on. These same abbreviations are shown again in the same order on the Facility Permit Fee Worksheet, Form HM-3. NOTE: After all the entries for the DOT class have been made, draw a line across the page before starting the next DOT class as listed above. Use as many additional pages of this form as necessary to complete the report for each storage facility.

DOT HAZARD CLASSES AND ABBREVIATIONS

Blasting Agent	BLST	Flammable Solid	FS	Oxidizer — Liquid	OXY-L
Combustible Liquid	CL	Irritant — Liquid	IRR-L	Oxidizer — Solid	OXY-S
Corrosive Liquid	CORR-L	Irritant — Solid	IRR-S	Poison A-Gas	POIS-G
Corrosive Solid	CORR-S	Nonflammable Gas	NFG	Poison A-Liquid	POIS-L
Etiological Agent	ETI	Organic Peroxide — Liquid	PEROX-L	Poison B-Liquid	POIS-L
Explosives A	EXP A	Organic Peroxide — Solid	PEROX-S	Poison B-Solid	POIS-S
Explosives B	EXP B	Other Regulated		RADIOACTIVE	RAD
Explosives C	EXP C	Materials — Liquid	ORM-L	CRYOGENS	CRYO
Flammable Gas	FG	Other Regulated			
Flammable Liquid	FL	Materials — Solid	ORM-S		

- (6) CHEMICAL NAME/TRADE NAME — For **each** hazardous material (includes both non-waste and waste materials) where the quantity stored is "Quantity Range No. 1" (see chart below) i.e., **less** than 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet (STP) for gases, the exact chemical name for each chemical is **not** required. Summarize these individual small quantity chemicals by the DOT class name and report as a single line with the DOT class name preceded by the word "Assorted". Example: "Assorted Flammable Liquids".

For **each** hazardous material (includes both non-waste and waste materials) where the quantity stored is "Quantity Range Nos. 2 through 5" i.e., **greater** than 55 gallons, 500 pounds, or 200 cubic feet, provide the chemical name, proprietary name, or chemical name of major constituents for mixtures, followed by a slash and then the applicable trade name. Example: trichlorotrifluoroethane/Freon 113.

NOTE: All radioactive, cryogenic and compressed gases must be reported even though they may not be listed as a regulated hazardous material.

All transformers and capacitors with polychlorinated biphenyls contents over 7 ppm must be specifically reported using the DOT class abbreviation ORM-L and the abbreviation PCB for the chemical name.

- (7-9) QUANTITY AND PHYSICAL STATE — Enter the maximum anticipated **total** quantity of hazardous material that is normally stored in the storage facility for each chemical and/or DOT class when summarizing small items, using Columns 7, 8 and 9 depending upon the physical state of the material. Round off the quantities to the nearest whole gallon, pound or cubic foot. When the material is stored in a tank, the quantity reported shall be the capacity limit of the tank.
- (10) TANK — Mark an X in the column if the material is stored in an above-ground or underground tank.
- (11) WASTE — Mark an X in the column if the material is a waste.
- (12) QUANTITY RANGE — Using the Quantity Range Numbers shown below, enter the Quantity Range Number for the corresponding quantity recorded in Columns 7, 8 and 9 for each chemical and/or DOT class when used to summarize small quantity items. The quantity ranges shown will be the "permit quantity limit" for the hazardous materials that may be stored in the storage facility.

QUANTITY RANGE NUMBERS

UNITS	NO. 1	NO. 2	NO. 3	NO. 4	NO. 5
Cubic Feet	Less than or equal to 200	Greater than 200 but less than or equal to 2,000	Greater than 2,000 but less than or equal to 10,000	Greater than 10,000 but less than or equal to 20,000	Greater than 20,000
Gallons	Less than or equal to 55	Greater than 55 but less than or equal to 550	Greater than 550 but less than or equal to 2,750	Greater than 2,750 but less than or equal to 5,500	Greater than 5,500
Pounds	Less than or equal to 500	Greater than 500 but less than or equal to 5,000	Greater than 5,000 but less than or equal to 25,000	Greater than 25,000 but less than or equal to 50,000	Greater than 50,000



CITY OF MOUNTAIN VIEW

FIRE PREVENTION BUREAU

1000 Villa Street
Mountain View, CA 94041

(415) 966-6378

FACILITY PERMIT FEE WORKSHEET

(see back of sheet for instructions)

Revision

Official Use Only

ID | | | | |

Business Name

(1) GENUS INC.

Date

(2) APRIL 25, 1985

Facility Street Number

Street Name

515

ELLIS STREET

DOT CLASS (3)	Aggregate Quantity			Quantity Range and Fees					DOT Class Abbreviations (6)
	(Cu Ft)	(Gal)	(Lbs)	1	2	3 (5)	4	5	
Blasting Agent				50	75	100	150	200	BLST
Combustible Liquid				25	50	75	100	125	CL
Corrosive Liquid		54		25	100	125	150	200	CORR-L
Corrosive Solid				25	100	125	150	200	CORR-S
Etiologic Agent				*	*	*	*	*	ETI
Explosives A				150	200	200	200	200	EXP A
Explosives B				100	150	200	200	200	EXP B
Explosives C				75	100	150	200	200	EXP C
Flammable Gas	2650			25	100	125	150	200	FG
Flammable Liquid		113		25	50	75	100	125	FL
Flammable Solid				25	50	100	150	200	FS
Irritant - Liquid				25	50	75	100	125	IRR-L
Irritant - Solid				25	50	75	100	125	IRR-S
Nonflammable Gas	9000			25	50	75	100	125	NFG
Organic Peroxide - Liquid				150	200	200	200	200	PEROX-L
Organic Peroxide - Solid				150	200	200	200	200	PEROX-S
Other Reg Mats - Liquid		140		100	150	175	200	200	ORM-L
Other Reg Mats - Solid				100	150	175	200	200	ORM-S
Oxidizer - Liquid		32		25	50	100	150	200	OXY-L
Oxidizer - Solid				25	50	100	150	200	OXY-S
Poison A - Gas				50	100	150	200	250	POIS-G
Poison A - Liquid				50	100	150	200	250	POIS-L
Poison B - Liquid				50	100	150	200	250	POIS-L
Poison B - Solid				50	100	150	200	250	POIS-S
RADIOACTIVE				*	*	*	*	*	RAD
CRYOGEN	264000			25	50	75	100	200	CRYO

(7) Total Fee Due.

\$ 50 + 200 + 200 + 0 + 200 = \$ 650.

*Contact Fire Prevention Bureau for additional reporting requirements and fees.

INSTRUCTIONS

- (1) **BUSINESS NAME** — Enter business name and street address for the specific facility for which the application applies and do not use general mailing addresses. A facility means a building or buildings, appurtenant structures and surrounding land used by a single business entity at a single location or site.
- (2) **DATE** — Enter the date of the application.
- (3) **DOT CLASS** — Department of Transportation hazard class.
- (4) **AGGREGATE QUANTITY** — For the facility with more than one storage facility, i.e., more than one building(s) or outside storage area(s) used for hazardous material storage, the aggregate quantity is the total quantity from all the storage facilities per each DOT Hazard Classification. Place the aggregate quantity for each DOT Hazard Classification shown in Column (3).
- (5) **QUANTITY RANGE AND FEES** — Circle the corresponding fee for each of the aggregate quantity(s) reported in Column (4) by using the following quantity ranges.

QUANTITY RANGE NUMBERS

UNITS	NO. 1	NO. 2	NO. 3	NO. 4	NO. 5
Cubic Feet	Less than or equal to 200	Greater than 200 but less than or equal to 2,000	Greater than 2,000 but less than or equal to 10,000	Greater than 10,000 but less than or equal to 20,000	Greater than 20,000
Gallons	Less than or equal to 55	Greater than 55 but less than or equal to 550	Greater than 550 but less than or equal to 2,750	Greater than 2,750 but less than or equal to 5,500	Greater than 5,500
Pounds	Less than or equal to 500	Greater than 500 but less than or equal to 5,000	Greater than 5,000 but less than or equal to 25,000	Greater than 25,000 but less than or equal to 50,000	Greater than 50,000

- (6) **DOT CLASS ABBREVIATION** — Department of Transportation hazard class abbreviations.
- (7) **TOTAL FEE DUE** — First determine the subtotals by adding the figures in each of the five Quantity Range and Fee columns, then add the subtotal figures and enter the total fee due. Have your check or money order made out to the "City of Mountain View" and attach to this worksheet. Do not make payment by cash.



CITY OF MOUNTAIN VIEW

FIRE PREVENTION BUREAU

1000 Villa Street
Mountain View, CA 94041

(415) 966-6378

HMMP QUESTIONNAIRE

(see back of sheet for instructions)

Revision

Official Use Only

ID

Business Name

(1) GENUS INC.

Business Phone Number

(2) (415) 960-1120

Facility Street Address

(3) 515 ELLIS STREET, MOUNTAIN VIEW, CA 94043

Check each box that applies to the above facility.

I. SEPARATION OF MATERIALS

1. Liquids and solids (check one only)

- ☒ all materials are compatible
☐ some materials are non compatible

2. Liquids/solids separation maintained by:

- ☐ non combustible partitions/walls
☐ fixed distance (surface tension)
☒ safety cabinets
☐ raised berm/dike
☐ secondary containment tank

3. Gases and cryogenics:

- ☒ cylinders are separated by DOT hazard class
☐ cylinders are separated by a hazard class system other than DOT
☐ Poison A (DOT class) gases are separated from all other gases
☐ cylinders are not separated

4. Gas/cryogen separation maintained by:

- ☒ non combustible partitions/walls
☐ fixed distance (minimum 20 feet)
☐ gas cabinets

II. EMERGENCY EQUIPMENT (presently installed)

- ☒ emergency power supply for mechanical ventilation system
☐ emergency power supply for mechanical monitoring devices

III. MONITORING PROGRAM (above ground storage)

1. Accomplished by:

- ☒ visual inspection
☐ mechanical inspection
☐ visual and mechanical

2. Frequency:

- ☐ continuous
☒ daily
☐ weekly
☐ monthly
☐ semi-annually

IV. MONITORING PROGRAM (underground storage tanks)

1. Accomplished by: *N/A*

- ☐ ground water monitoring well(s)
☐ vapor (vadose) monitoring well(s)
☐ secondary containment with a monitoring system
☐ other leak detection method(s)
☐ none

2. Frequency: *N/A*

- ☐ continuous
☐ daily
☐ weekly
☐ monthly
☐ semi-annually

Instructions

This form is to be completed on a "facility" basis. A facility means a building or buildings, appurtenant structures, and surrounding land area used by a single business entity at a single location or site.

The form questions in Section I thru III cover only items relating to the above ground storage of hazardous materials. Questions relating to underground storage tanks are reported in Section IV and the permit application form provided by the State of California. The term "underground storage tank" includes any container(s) which is used for the **storage** of hazardous substances and which is **substantially** or totally beneath the surface of the ground. Storage is defined as the containment, handling, or treatment of hazardous substances (both waste and non waste), either on a temporary or long term basis. "Substantially" means that at least 50% of the surface area of the tank that can be in contact with the stored hazardous substance is below the ground surface.

Please check the box for each statement which applies to the facility.



CITY OF MOUNTAIN VIEW

FIRE PREVENTION BUREAU

1000 Villa Street
Mountain View, CA 94041

(415) 966-6378

12/84
HMMP QUESTIONNAIRE
(see back of sheet for instructions)

Revision

Official Use Only

ID									
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Business Name

(1) GENIUS INC

Business Phone Number

(2) (415) 960-1120

Facility Street Address

(3) 515 ELLIS STREET MOUNTAIN VIEW CA 94043

Check each box that applies to the above facility.

I. SEPARATION OF MATERIALS

1. Liquids and solids (check one only)

- ☒ all materials are compatible
☐ some materials are non compatible

2. Liquids/solids separation maintained by:

- ☐ non combustible partitions/walls
☐ fixed distance (surface tension)
☒ safety cabinets
☐ raised berm/dike
☐ secondary containment tank

3. Gases and cryogenics:

- ☒ cylinders are separated by DOT hazard class
☐ cylinders are separated by a hazard class system other than DOT
☐ Poison A (DOT class) gases are separated from all other gases
☐ cylinders are not separated

4. Gas/cryogen separation maintained by:

- ☒ non combustible partitions/walls
☐ fixed distance (minimum 20 feet)
☐ gas cabinets

II. EMERGENCY EQUIPMENT (presently installed)

- ☒ emergency power supply for mechanical ventilation system
☐ emergency power supply for mechanical monitoring devices

III. MONITORING PROGRAM (above ground storage)

1. Accomplished by:

- ☒ visual inspection
☐ mechanical inspection
☐ visual and mechanical

2. Frequency:

- ☐ continuous
☒ daily
☐ weekly
☐ monthly
☐ semi-annually

IV. MONITORING PROGRAM (underground storage tanks)

1. Accomplished by:

- N/A
☐ ground water monitoring well(s)
☐ vapor (vadose) monitoring well(s)
☐ secondary containment with a monitoring system
☐ other leak detection method(s)
☐ none

2. Frequency:

- ☐ continuous
☐ daily
☐ weekly
☐ monthly
☐ semi-annually



CITY OF MOUNTAIN VIEW

FIRE PREVENTION BUREAU

1000 Villa Street
Mountain View, CA 94041

(415) 966-6378

HAZARDOUS MATERIAL MANAGEMENT PLAN

(see back of sheet for instructions)

Revision

Official Use Only

ID

Business Name

(1) GENUS INC

Business Phone Number

(2) (415) 960-1120

Facility Street Address

(3) 515 ELLIS STREET

MOUNTAIN VIEW

CA

94043

Mailing Address

(4) 515 ELLIS STREET

City

State

Zip Code

MOUNTAIN VIEW

CA

94043

(5) Persons Responsible For

Name

Phone Number

APPLICATION

CLARK FUHS

(415) 960-1120

BUSINESS

ELDER / W. LEHNER

(415) 960-1120

PROPERTY

BANK OF AMERICA

()

(6) Persons Responsible For Responding In An Emergency After Normal Work Hours

Name

Title

Home Phone Number

Work Phone Number

MARVIN BRANTON

MAINTENANCE

(415) 967-6225

(415) 960-1120

408 736-1114

JOE SOLINSKI

MAINTENANCE - LEAD

(415) 782-7036

(415) 960-1120

()

()

()

()

(7) Business Activity (check applicable box)

☒ R & D

☐ Manufacturing

☐ Repair/Maintenance

☐ Processing

☒ Offices/Clerical

☐ Retail

☐ Medical

☐ Testing

☐ Other

(8) I declare under penalty of perjury, the foregoing information is true and correct.

Print Name

Signature

Date



CITY OF MOUNTAIN VIEW

FIRE PREVENTION BUREAU

1000 Villa Street
Mountain View, CA 94041

(415) 966-6378

GENERAL FACILITY MAP
(see back of sheet for example)

Revision

Official Use Only

ID | | | | | | | | | |

Business Name

GENOS INC.

Date

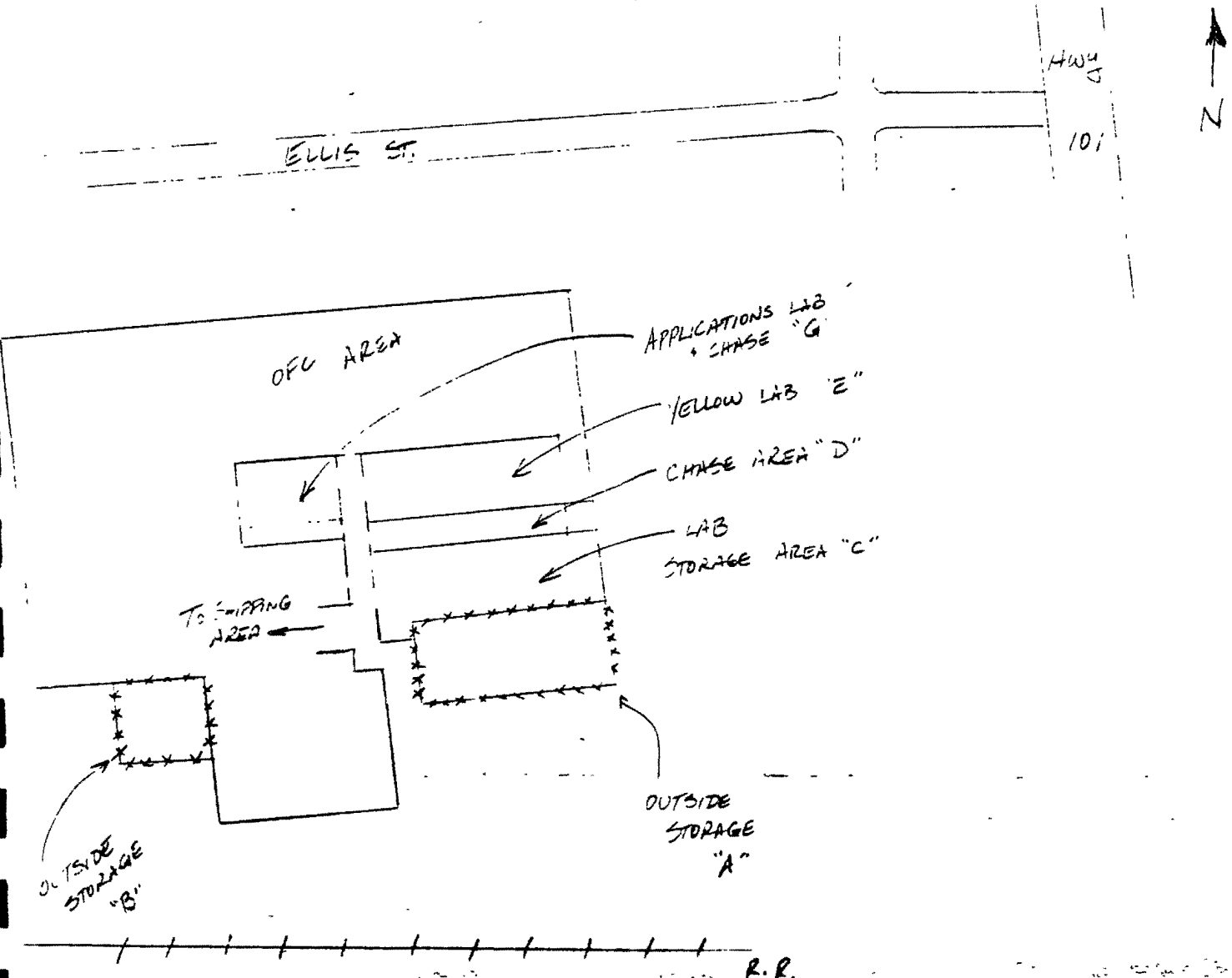
APR 10 1975

Facility Street Number

Street Name

515 ELLIS STREET

Provide a simple line drawing below following the example shown on the back of this form





CITY OF MOUNTAIN VIEW

FIRE PREVENTION BUREAU

1000 Villa Street
Mountain View, CA 94041

(415) 966-6378

STORAGE FACILITY PERMIT QUANTITY LIMIT

(see back of sheet for instructions)

Official Use Only

ID

Page of Pages

Revision

(1)

1

3

Date

(2)

4-16-85

Storage Facility

(3)

4

Business Name

(4)

JENIUS INC

Facility Street Number

Street Name

5.5

ELLIS STREET

DOT
CLASS
(5)Chemical Name/Trade Name
(6)Quantity & Physical State
Gas (Cu Ft) (7)
Liquid (Gall) (8)
Solid (Lbs) (9)Tank
Waste
Quantity Range
(10) (11) (12)

DOT CLASS (5)	Chemical Name/Trade Name (6)	Gas (Cu Ft) (7)	Liquid (Gall) (8)	Solid (Lbs) (9)	Tank (10)	Waste (11)	Quantity Range (12)
	STORAGE AREA "A"						
5-	ASSORTED FLAMMABLE LIQUIDS		50				
	1-TRICHLOROETHANE						
	2-PROPANOL						
	ACETONE						
	TRISOBUTYL ALUMINUM						
	HEPTANE						
	METHANOL						
	METHYLENE CHLORIDE						
	PENTANE						
	BENZENE						
	2-3 ; ORGANOMETALLICS IN BENZENE SOLVENT						
FL	WASTE SOLVENTS		55			X	1
3000-L	ASSORTED CORROSIVE LIQUIDS						
	SULFURIC ACID						
	NITRIC ACID						
	ACETIC ACID		45				
	PHOSPHORIC ACID						
	HYDROFLUORIC ACID						
	HYDROCHLORIC ACID						
004-L	ASSORTED OXIDIZING LIQUIDS						
	HYDROGEN PEROXIDE		30				
	NITRIC ACID						
004-L	ASSORTED OTHER REGULATED MATERIALS						
	CARBON TETRACHLORIDE						
	AMMONIUM FLUORIDE		30				
	AMMONIUM HYDROXIDE						
	Potassium hydroxide						
FG	HYDROGEN	1060					2
FG	SILANE	1590					2
IFG	NITROGEN TRIFLUORIDE	150					1
VFG	CARBON TETRAFLUORIDE	<200					
NFG	ARGON	2000					2
NFG	HELIUM	1150					2



CITY OF MOUNTAIN VIEW

FIRE PREVENTION BUREAU

1000 Villa Street
Mountain View, CA 94041

(415) 966-6378

FACILITY PERMIT FEE WORKSHEET

(see back of sheet for instructions)

Revision

Official Use Only

ID

Business Name

(1) GENCO INC

Date

(2) 4-16-85

Facility Street Number

Street Name

515 ELLIS STREET

DOT CLASS (3)	Aggregate Quantity			Quantity Range and Fees					DOT Class Abbreviations (6)
	(Cu Ft)	(Gal)	(Lbs)	1	2	3 (5)	4	5	
Blasting Agent				50	75	100	150	200	BLST
Combustible Liquid				25	50	75	100	125	CL
Corrosive Liquid		54		25	100	125	150	200	CORR-L
Corrosive Solid				25	100	125	150	200	CORR-S
Etiologic Agent				*	*	*	*	*	ETI
Explosives A				150	200	200	200	200	EXP A
Explosives B				100	150	200	200	200	EXP B
Explosives C				75	100	150	200	200	EXP C
Flammable Gas	2650			25	100	125	150	200	FG
Flammable Liquid		113		25	50	75	100	125	FL
Flammable Solid				25	50	100	150	200	FS
Irritant - Liquid				25	50	75	100	125	IRR-L
Irritant - Solid				25	50	75	100	125	IRR-S
Nonflammable Gas	9000			25	50	75	100	125	NFG
Organic Peroxide - Liquid				150	200	200	200	200	PERCX-L
Organic Peroxide - Solid				150	200	200	200	200	PEROX-S
Other Reg Mats - Liquid		30		100	150	175	200	200	ORM-L
Other Reg. Mats - Solid				100	150	175	200	200	ORM-S
Oxidizer - Liquid		32		25	50	100	150	200	OXY-L
Oxidizer - Solid				25	50	100	150	200	OXY-S
Poison A - Gas				50	100	150	200	250	POIS-G
Poison A - Liquid				50	100	150	200	250	POIS-L
Poison B - Liquid				50	100	150	200	250	POIS-L
Poison B - Solid				50	100	150	200	250	POIS-S
RADIOACTIVE				*	*	*	*	*	RAD
CRYOGEN	264000			25	50	75	100	200	CRYO

(7) Total Fee Due:

\$150 + 50 + 200 + 200 = \$600

*Contact Fire Prevention Bureau for additional reporting requirements and fees.

Rec 3-2-88



CITY OF MOUNTAIN VIEW

Fire Prevention
(415) 966-6343

1000 Villa Street
P. O. Box 7540
Mountain View, CA 94039

February 24, 1988

Mr. Ralph Itanin
Jenus, Inc.
515 Ellis Street
Mountain View, CA 94043

515 ELLIS STREET, JENUS, INC.--FIRE SAFETY INSPECTION

Dear Mr. Itanin:

An inspection relative to fire and life safety was made of subject occupancy by this Bureau. The following items shall receive satisfactory compliance in order to achieve a reasonable degree of fire and life safety:

YELLOW ROOM (H-6)

1. The addition of a nonpermitted prefab enclosure has created exiting problems and sprinkler obstructions in this room and shall therefore be removed [UFC 12.103(a)].
2. The hazardous gases shall be housed in "approved" gas cabinets. The present cabinets do not meet code [UFC 51.107(c)].
3. All gas and product-conveying piping shall be generically labeled as to the products they convey at 20' intervals or wherever necessary for easy identification [UFC 51.106 2, UBC 911 3].
4. Electrical extension cords and multi-plug adaptors shall not be used in lieu of permanent wiring [UFC 85.106].
5. The venting material for the CDV shall be approved for conveying pyrophoric and flammable gases in accordance with Uniform Mechanical Code 1107b. The present flex aluminum duct does not meet this criteria.
6. Remove the dead bolt from the rear exterior door [UFC 12.102 and UBC 3304c].
7. The fire doors leading into the corridor shall be provided with self-closures [UFC 12.104e and UBC 3320].

8. Access to the rear exterior exit door shall be clear and unobstructed at all times. I suggest placing permanent, highly visible access route markings on the floor (i.e., hetching) a minimum of 3' in width [UFC 12.103a].

EQUIPMENT (BETWEEN YELLOW ROOM AND RD)

9. Permanently label all sprinkler valves [NFPA 13].
10. Maintain the sprinkler valve in the open position with a chain and breakaway lock [NFPA 13].

SERVICE CORRIDOR

11. Provide a label for the fire hose cabinet [NFPA 13].
12. Remove the waste receptacles, ashtrays and locker storage from the service corridor. This is a protected area and shall not be used for other purposes which may increase the risk of fire.

PROCESS LAB

13. Provide "approved" gas cabinets for the hazardous gases (see Item 2).
14. Conspicuously label all gas and product-conveying piping (see Item 3).
15. Provide sprinkler protection underneath the "customer" test machine [NFPA 13].
16. Provide sprinkler protection in the hoods of all the acid benches. Sprinkler heads shall be protected against corrosion [UFC 51.106d].
17. The heated acid baths shall be provided with low liquid levels and high temperature safety controls. The wiring presently leading to the temperature controls shall be installed in rigid conduit [UFC 85.104].
18. The depressed area housing the hotplate (the acid hood) shall be lined with noncombustible material to prevent pyrolyzation of the plastic bench.
19. The plastic exhaust duct conveying flammables shall be replaced with a noncombustible (metal) duct in accordance with the Uniform Mechanical Code.

APPLICATIONS

20. The exit door leading from Applications shall be provided with free-opening door hardware (i.e., single motion unlatching) [UBC 3304c].
21. Conspicuously label all gas and product-conveying piping (including vacuum). (See Item 3.)
22. Conspicuously label all acid baths with generic names [UFC 51.106 2].
23. The second exit from this room is obstructed by a plastic curtain enclosure. This curtain shall be relocated so that the exit is clearly visible and accessible. Additionally, provide sprinkler protection inside the enclosure [UFC 12.103a and NFPA 13].
24. Remove the storage located in the exit corridor leaving from the second exit [UFC 12.104].
25. The aforementioned exit door shall be provided with an approved self-closing device [UBC 3320].
26. Conspicuously label the piping leading to the furnace (see Item 3).
27. Provide a plan that details the chemical exhaust systems. Include type of duct material, size of duct and indicate the product being conveyed through the systems (i.e. acid, solvent, etc.). It appears that a portion of the flammable exhaust system is Fiberglass which is not acceptable [UMC Chapter 11].

OUTSIDE STORAGE AND PROCESSING


28. Conspicuously label all product-conveying piping (see Item 3).
29. Provide excess flow control devices for the NF3 [UFC 51.105e].
30. All hazardous gases shall be stored in approved storage cabinets conforming to UFC 51.107a, b, cl, 2, 3, 4. This includes, but is not limited to, gas detection with automatic shutdown capabilities.
31. The acid and flammable cabinets appear to be in a state of corrosion. They shall be inspected for leaks and all material that is not in use anymore shall be removed [MVMC Chapter 24, Section 24.9c].

Mr. Ralph Itanin
February 24, 1988
Page 4

32. All compressed gas cylinders not in use shall have their valve caps in place [CAC Title 8 4650f].
33. The acid neutralization system was installed without benefit of permit. Submit a complete set of construction plans to the Building Inspection Division for approval [MVMC Chapter 24, Section 24.33].

A reinspection will be made in approximately one month to determine compliance. If you have any questions, please call us at (415) 966-6343.

Sincerely,



Mona Keegan
Deputy Fire Marshal

MK/FIR
112-2-24F

cc: BO



CITY OF MOUNTAIN VIEW

FIRE DEPARTMENT
HAZARDOUS MATERIALS DIVISION
(415) 966-6378

1000 VILLA STREET
MOUNTAIN VIEW, CA 94041

November 4, 1987

Mr. Ralph Itanin
GENUS INC.
515 Ellis Street
Mountain View, CA 94043

Dear Mr. Itanin:

On November 4, 1987, a re-inspection was conducted at your facility to determine compliance with the Hazardous Materials Storage Ordinance (Chapter 24, MVMC) and the Health and Safety Code.

All items listed in our previous correspondence of August 31, 1987 appear to have been completed except the following:

- 1) Spill containment kit/control equipment will be in place, located near enough for easy access.
- 2) Storage area needs some sort of secondary containment, i.e. a berm, to prevent any release inside storage from spreading to the outside.
- 3) Label all processing tanks with chemical name and hazard class.

Please notify this office in writing when these items have been completed. If you have any questions, feel free to call me at (415) 966-6378.

Sincerely,

Chris Steck
Hazardous Materials Specialist

GENUS

November 17, 1983

City of Mountain View
231 N. Whisman Road
Mountain View, CA 94043

Dear Sirs,

Genus designs and manufactures capital equipment used to process semiconductor wafers.

Genus requires an Applications Lab which is used to demonstrate its products in an environment that duplicates the customer's usage area.

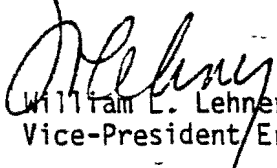
This Applications Lab will have from one to three pieces of Genus equipment installed and operational at all times. The Lab is operated on the dayshift and will utilize one to two technicians to perform customer evaluation tests. The probability of having more than four persons in the Lab at one time is low.

The attached list of chemicals and gases represents the materials used within the Lab. These materials are stored, transported and used within the latest safety regulations.

The volume of chemicals used in our laboratories is very low, i.e. ranging from a low of 1 gal/month to a possible high of 10 gals/month.

All exhaust gases from this Laboratory are funnelled through a commercial scrubber mounted on the roof. All equipment is monitored for maintenance requirements, and employees are instructed in the safety aspects of the equipment and materials being used within the Lab.

Sincerely,


William L. Lehner
Vice-President Engineering

WLL/mr

Attachment: List of chemicals and gases -
Material Safety Data Sheets

515 Ellis Street

Mountain View

California 94043

415/960-1120

GENUS, INC.

LIST OF CHEMICALS AND GASES USED IN APPLICATIONS LAB

CHEMICALS

Nitric Acid	10 Gals. month
Hydrogen Peroxide	12 Gals. month
Phosphoric Acid	2 Gals. month
Sulfuric Acid	12 Gals. month
Hydrochloric Acid	2 Gals. month
Hydrofluoric Acid	6 Gals. month
Acetone	5 Gals. month
Isopropyl Alcohol	6 Gals. month
1,1,1. Trichloroethane	12 Gals. month
Ammonium Fluoride	10 Gals. month
Methanol Absolute	2 Gals. month
Ammonium Hydroxide	1 Gal. month
BOE 930 Etchant	1 Gal. month

GASES

SiH ₄	Silane
NF ₃	Nitrogen Triflouride
H ₂	Hydrogen
N ₂	Nitrogen
He	Helium
Ar	Argon
WF ₆	Tungsten Hexaflouride
TiCl ₄	Titanium Tetrachloride

11-17-83



CITY OF MOUNTAIN VIEW

Fire Prevention
(415) 966-6343

1000 Villa Street
P. O. Box 10
Mountain View, CA 94042

RECEIVED

February 7, 1984

FEB 10 1984

GENUS INC.

Mr. Bill Lehner
Genus II and III
515 Ellis Street
Mountain View, CA 94043

515 ELLIS STREET, GENUS II AND III INTERIOR ALTERATIONS

Dear Mr. Lehner:

As a result of our inspection on January 30, 1984 the following items shall be complied with:

1. The flammable and corrosive chemical exhaust systems shall not share a common hood and duct. The systems shall be separate and independent of each other per the Uniform Mechanical Code. Additionally, ducting material used for flammable vapor exhaust shall bear a flame-spread rating of 0 when tested in accordance with Uniform Building Code Standard 42-1. Metal or ferrous ducting is the only material available that meets this requirement. Flammable exhaust ducting shall also be protected by an approved automatic fire extinguishing system. I have enclosed those code sections for your information.
2. The chemical exhaust hoods shall be appropriately labeled as to the nature of the chemicals used at it (i.e., ACIDS ONLY, FLAMMABLES ONLY).
3. The 1982 improvements to the R and D lab will need to be finalized by the Fire and Building Departments. Our records do not reflect this final approval.
4. It was noted that your chemical usage has exceeded the amounts initially proposed by your facility in April 1982. At that time your proposal was only for silane, hydrochloric acid, and hydrogen gas. Based on that information, the Fire Marshal and Building Official agreed to classify your occupancy as a B-2 with some additional Fire Code requirements for the hazardous materials. It may be necessary now to reclassify the building. In order to do this, you must submit within 30 days a standard form Hazardous Materials Management Plan and Hazardous Materials Inventory Statement pursuant to the Hazardous Materials Storage Ordinance (a copy may be obtained from the City Clerk's Office,

Mr. Bill Lehner
February 7, 1984
Page 2

540 Castro Street). A determination on the proper occupancy classification will be made at that time.

If you have any questions please call us at 966-6343.

Sincerely,

A handwritten signature in cursive script that reads "Mona J. Keegan".

Mona J. Keegan
Deputy Fire Marshal

MJK/LFJ
112-2-7L

Enclosures

cc: BIS

GENIUS

April 10, 1984

Mona Keegan
Deputy Fire Marshall
100 Villa Street
Mt. View, Ca 94041

Dear Ms. Keegan,

The following is an inventory of hazardous materials, both gas and liquid, that resides at the Genus 515 Ellis Street facility;

Oxygen	2	UN1072	Non-flammable Gas
Nitrogen	4	UN1066	Non-flammable Gas
Helium	6	UN1046	Non-flammable Gas
Argon	2	UN1066	Non-flammable Gas
Silane	2	UN2203	Flammable Gas
Hydorgen	4	UN1049	Flammable Gas
5% Silane/Helium			Flammable Gas

The above are all contained in steel cylinders having a dot specification number 3AA2400.

The following gases are in steel cylinders having a dot specification number 3AA1015 or 3E1800.

Tetraflouromethane	2	UN1982	Non-flammable
Silicon Tetraflouride	2	UN1859	Non-flammable
Anhydrous Ammonia		UN1005	Non-flammable
Nitrogen Triflouride	6	UN2451	Non-flammable
Tungsten Hexaflouride		UN2196	Corrosive
Titanium Tetracloride		UN1838	Corrosive
Triisobutylaluminum		UN2845	Spontaneously Combustible
Triethyl Aluminum		UN1102	Spontaneously Combustible

The following are the liquid chemicals contained in 1 gallon bottles.

Sulfuric Acid	8 Gal.	Ammonium flouride	4 Gal.
Nitric Acid	8 Gal.	Ammonium Hydroxide	4 Gal.
Hydrogen Peroxide	12 Gal.	Trichlorethane	8 Gal.
Phosphoric Acid	4 Gal.	Isoproply Alcohol	4 Gal.
Hydrochloric Acid	4 Gal.	Methanol Absolute	4 Gal.
Hydroflouric Acid	4 Gal.	Acetone	4 Gal.

Cont'd.....

515 Ellis Street
Mountain View
California 94043
(415)960-1120

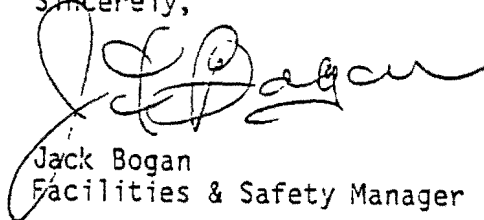
Page 2
J. Bogan

In addition we have stored in a cabinet on the pad small lab quantities of the following materials;

Aluminum Chloride AnHy.-bottle 250 grams - 1
Potassium Ferricyanide bottle 500 grams - 1
Titanium Tetra chloride 99% bottle 2.19 Kg - 4
TiCl4 stainless steel cylinder 300 cc - 1-
Molybdenum Hexafluoride steel cylinder 642 grams - 1

If any additional information would help you please call me.

Sincerely,



Jack Bogan
Facilities & Safety Manager

JB/gp
cc: B. Lehner
R. Dennison



CITY OF MOUNTAIN VIEW

Fire Department
Telephone (415) 966-6365

1000 Villa Street
Mountain View, CA 94041

March 23, 1984

Mr. J.F. Bogan
515 Ellis Street
Mountain View, CA 94043

SUBJECT: GENUS - 515 ELLIS STREET MOUNTAIN VIEW

Dear Mr. Bogan:

On March 23, 1984 the Fire Department issued final inspection approval for the current interior alteration work with the understanding that the following conditions will be complied with:

1. By March 27, 1984 11:00 a.m. remove all hazardous materials in excess of those types and amounts that were initially proposed in 1982. The maximum amounts were limited to table 9-A (UBC) with the only exceptions being Silane and hydrogen chlorine gas.
2. By April 10, 1984 submit a Hazardous Materials Inventory Statement. The purpose of this statement is to:
 - a. Determine proper occupancy classification.
 - b. Comply with the Hazardous Materials Storage Permit Ordinance.
3. By April 10, 1984 comply with our letter dated February 7, 1984 and our R&D plancheck letter dated April 28, 1982 by Hugh Holden.

A reinspection will be conducted in March 27, 1984 at 11:00 a.m. to determine compliance with item #1 above.

If you have any questions, please call us at 966-6343.

Sincerely,

Mona Keegan
Deputy Fire Marshal

MK/sf



CITY OF MOUNTAIN VIEW

Fire Prevention
(415) 966-6343

1000 Villa Street
P. O. Box 10
Mountain View, CA 94042

April 24, 1984

Mr. Jack Bogan
Genus
515 Ellis Street
Mountain View, CA 94043

HAZARDOUS MATERIALS USAGE—515 ELLIS STREET, MOUNTAIN VIEW

Dear Mr. Bogan:

R&D LAB

As a result of our inspection and after reviewing the Hazardous Materials Inventory Statement, it appears that your chemical inventory has exceeded the initial proposal for the R&D Lab in 1982. It also appears that the exiting and the one-hour occupancy separation for this area is nonconforming.

The chemical exhaust systems also do not appear to conform to code, as you indicated that there is no separation between the flammables and corrosives. Additionally, flammable exhaust ducts shall only be constructed of metal.

APPLICATIONS LAB

It was noted that silane and hydrogen gas are being plumbed into this area and terminated at several use points. Additionally, the gas lines are running above the T-bar ceiling without benefit of a chase. This chemical usage information was not submitted at plan check and consequently, the lab was checked as a B-2 (no occupancy, separation, etc.). The exiting may also be deficient.

The chemical exhaust systems were found to be nonconforming and shall be corrected as per my letter dated February 7, 1984.

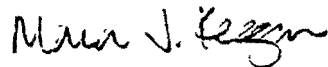
PHOTORESIST ROOM

The room in which the photoresist is used also has hazardous gases plumbed into it and would also qualify as an "H Area."

Mr. Jack Bogan
April 24, 1984
Page 2

I will be scheduling a fire/safety inspection for May and will be accompanied by the Building Inspection Division. If you have any questions, please call us at (415) 966-6343.

Sincerely,



Mona J. Keegan
Deputy Fire Marshal

MJK/LFJ
112-4-23L

cc: BIS



CITY OF MOUNTAIN VIEW

Fire Prevention
(415) 966-6343

1000 Villa Street
P. O. Box 10
Mountain View, CA 94042

July 3, 1984

Mr. Jack Bogan
515 Ellis Street
Mountain View, CA 94043

FIRE SAFETY INSPECTION--515 ELLIS STREET, MOUNTAIN VIEW,
CALIFORNIA; JENUS

Dear Mr. Bogan:

An inspection relative to fire and life safety was made of subject occupancy by this Bureau. The following item(s) shall receive satisfactory compliance in order to achieve a reasonable degree of fire and life safety:

Your facility has expanded the types and amounts of hazardous materials above and beyond your initial submittal in 1982. As a result, your occupancy is no longer classified as a B-2 in the areas of hazardous material usage and storage.

This leaves two alternatives:

- A. Remove all those hazardous materials that are in excess of the 1982 proposal.
- B. Bring your building into compliance with the requirements for a H-1 occupancy (see paragraph preceding Item 40).

The following conditions shall be complied with regardless of Alternatives A or B.

R&D LAB

1. All gas piping, whether highly toxic or not, shall be labeled generically at 20' intervals.
2. All highly toxic compressed gas cylinders, whether in use or storage, shall be contained in approved gas cabinets that are internally sprinklered, monitored for the type of gas present (gas detection), and be interlocked to shut off the flow of gas upon activation of an alarm.

3. Provide excess flow valves for all highly toxic pressurized gas piping systems.
4. Provide a secondary power supply for all highly toxic ventilation systems and work stations (chemical exhaust systems and fabricated equipment using hazardous materials within the piece of equipment; example: reactors).
5. The remote gas piping shutoff valve shall be readily identified.
6. The acid exhaust hood system shall be conspicuously labeled with generic names.
 - a. Provide low-liquid, high-temperature safety controls for the heated sinks.
 - b. Provide sprinkler protection in the exhaust duct spaced 10' on center, at the top of all verticals and at the duct intake unless the duct material is listed otherwise.
 - c. Remove all hazardous materials that are stored under the bench and store in approved acid cabinets.
7. The solvent exhaust hood system shall be conspicuously labeled with generic names.
 - a. The exhaust duct shall be metal and shall be sprinklered as specified in Item 6b.
 - b. Remove all hazardous materials stored under the bench and store in approved flammable liquid cabinets.
8. Provide permanent protection around or encompassing the gas lines at floor level.
9. The multi-outlet electrical boxes shall be provided with safety fuses.
10. Hazardous materials gas piping shall be welded throughout except for fittings immediately adjacent to equipment.
11. Store the diisobutylaluminum in the explosion-proof refrigerator when not in immediate use.
12. Provide a second legal exit for the R&D lab.

13. Provide a NFPA 704M placard on the wall adjacent to the door to this room. The placard shall not be obstructed when the doors are open.

CHASE NO. 1

14. Label the gas piping every 20' with generic names.
15. Highly toxic compressed gas cylinders shall be stored as prescribed in Item 2.
16. Replace the missing ceiling tiles.

YELLOW ROOM

17. Provide protection around or encompassing the gas piping on the floor.
18. Provide a second legal exit for this room.
19. Provide a noncombustible "catch bucket" for the photoresist spinner.
 - a. The exhaust material shall be metal throughout (presently plastic flex).
20. Conspicuously label the acid exhaust hood.
21. Store all hazardous materials not in immediate use in approved cabinets.

APPLICATIONS LAB

22. Provide a second legal exit for this room.
23. Separate the solvent and acid exhaust ducting into two systems as per the Uniform Mechanical Code.
 - a. Internally sprinkler the solvent exhaust duct as prescribed in Item No. 7.
 - b. Internally sprinkler the acid exhaust as prescribed in Item 6 unless otherwise listed.

CHASE NO. 2

24. Label gas piping every 20' with generic names.
25. Highly toxic compressed gas cylinders shall be stored as prescribed in Item 2.

OUTSIDE CHEMICAL STORAGE AREA

26. Adequately secure all compressed gas cylinders, whether empty or full. Replace valve protection caps when not in use.
27. Separate the compressed gas storage by DOT hazard class (i.e., flammable, non-flammable, poisonous, corrosive). Oxidizers may be stored with corrosives. Provide a 20' physical separation between classes or a noncombustible partition extending 18" above/front/rear. Poisons shall be stored in approved gas cabinets as prescribed in Item No. 2.
28. Conspicuously label the different storage areas with DOT placards.
29. The acid cabinet shall be relabeled to address the hazard class of the material stored in it (i.e. chromium trioxide, MOF6, N2 trioxide). This cabinet is not intended for storage of strong oxidizers, flammables and perchloric acid.
30. Remove the oxygen cylinders from the acid cabinets.
31. Remove the toxic and corrosive waste receptacles from the solvent containment area.
32. Label the DI water tank.
33. Label all hazardous material drain and supply lines leading to the neutralization system.
34. Provide secondary containment pursuant to the Hazardous Materials Storage Permit Ordinance for the sodium hydroxide drums.
35. Provide documentation that the holes that were cut through the 6" concrete tilt-up wall will not impair the structural load-bearing capacity.

ROOF

36. Conspicuously label the exhaust ventilation controls.
37. Label all gas lines leading to the scrubber.
38. Label on/off switches for the scrubber.

Mr. Jack Bogan
July 3, 1984
Page 5

39. When your facility makes changes to the scrubber, I recommend that consideration be given to the AC intake vent in this vicinity. It may be advantageous to separate these two pieces of equipment in the event of a hazardous materials leak. Please notify this department to obtain a permit prior to any changes.

The following conditions shall be complied with if you choose Alternative B. Note: The following conditions are the guidelines that we have accepted in lieu of H-1 requirements.

40. The sprinkler system shall be upgraded as required to provide a sprinkler demand of Ordinary Group III over a 3,000 square foot design area.
41. The area surrounding the R&D lab, applications lab and yellow room shall be separated from the remainder of the building (B-2 areas) by a complete one-hour occupancy separation. This separation includes doors, windows and any duct penetrations through the envelope. (The existing doors do not meet one-hour requirements.)
42. These rooms shall be capable of providing one cubic foot per square foot exhaust ventilation. A manual control switch shall be provided for the system and shall be located in a conspicuous location outside of these areas.
43. Any additions or deletions of the type or amount of hazardous materials shall be in accordance with the Hazardous Materials Storage Permit Ordinance.

A reinspection will be made in approximately one month to determine compliance. If you have any questions, please call us at (415) 966-6343.

Sincerely,



Mona J. Keegan
Deputy Fire Marshal

MJK/get, 248
112-7-3L

cc: BIS



CITY OF MOUNTAIN VIEW

Fire Prevention
(415) 966-6343

1000 Villa Street
P.O. Box 7540
Mountain View, CA 94039

August 27, 1984

Mr. Jack Bogan
515 Ellis Street
Mountain View, CA 94043

FIRE SAFETY REINSPECTION--515 ELLIS STREET, MOUNTAIN VIEW,
CALIFORNIA--GENUS

Dear Mr. Bogan:

A reinspection disclosed that the following items remain to be
compiled with:

R & D LAB

1. To resolve the issue of connecting the gas cabinets and equipment to the scrubber system, I offer the following response. The Code presently requires that mechanical ventilation be provided to adequately remove leaking gas and shall discharge to a point where the gas may not endanger any person, domestic animal or wildlife (i.e., provisions for adequate vent height and/or gas treatment scrubbers may be necessary). This would apply to both normal and accidental discharge of the gases.
2. Provide a secondary power supply for all high toxic ventilation systems and work stations (chemical exhaust systems and fabricated equipment using hazardous materials within the piece of equipment, example, reactors).
3. I have discussed your concerns about sprinklers in the duct with our Hazardous Materials Specialist and other jurisdictions. The consensus was that the benefit derived from duct sprinklers outweighs the potential for an accidental sprinkler discharge (statistics show a 1 in 16 million chance). Moreover, it is our opinion that should a fire occur in the hood or duct, a person in the immediate area will evacuate before the hood discharges. The other alternative would be to replace your existing ducts with "approved" duct material that is listed for installation without sprinklers.

As an additional safety precaution for your employees, you may want to include in your emergency management plan

procedures to be followed in the event of a duct sprinkler discharge.

Should your facility use water-reactive chemicals, then the requirement may be rescinded at the discretion of the Fire Marshal.

4. All highly ~~toxic~~ compressed gas cylinders, whether in use or storage, shall be contained in approved gas cabinets that are internally sprinklered, monitored for the type of gas present (gas detection) and be interlocked to shut off the flow of gas upon activation of an alarm.

done The remote gas piping shut-off valves shall be readily identified.

si The acid exhaust hood and duct system shall be conspicuously labeled with generic names.

- a. Provide low-liquid, high-temperature safety controls for the heated sinks. *No - not yet.*

oil looks ducted into metal dome ceiling
5. Provide sprinkler protection in the exhaust duct space 10' on center, at the top of all verticals and at the duct intake unless the duct material is listed otherwise.

ok 6. Remove all hazardous materials that are stored under the bench and store in approved acid cabinets unless they are in immediate use.

ok 7. The solvent exhaust hood and duct system shall be conspicuously labeled with generic names.

- a. The exhaust duct shall be metal and shall be ~~sprinklered~~ as specified in Item 6. *2 metal dome ceiling*

ok b. Remove all hazardous material stored under the bench and store in approved flammable liquid cabinets unless they are in immediate use.

8. Provide permanent protection around or encompassing the gas lines at floor level. *to be done*

done 9. Provide a second legal exit for the R & D Lab.

CHASE NO. 1

- ok* 10. Highly toxic compressed gases shall be stored as prescribed in Item 4.

- YELLOW ROOM

~~11.~~ Provide protection around or encompassing the gas piping on the floor. *Testing one application now.*

~~12.~~ Provide a second legal exit for this room.

~~13.~~ Provide a noncombustible "catch bucket" for the photoresist spinner.

a. The exhaust duct material shall be metal throughout (presently plastic flex).

~~14.~~ Conspicuously label the acid exhaust hood.

~~15.~~ Store all hazardous materials not in immediate use in approved cabinets. *NO STORAGE UNDER SINKS*

APPLICATIONS LAB

~~16.~~ Provide a second legal exit for this room.

~~17.~~ Separate the solvent and acid exhaust ducting into two systems as per the Uniform Mechanical Code.

a. Internally sprinkler the solvent exhaust duct as prescribed in Item 7.

No b. Internally sprinkler the acid exhaust duct as prescribed in Item 6 unless otherwise listed.

CHASE NO. 2

new gas cabinets on way in -
18. Highly toxic compressed gas cylinders shall be stored as prescribed in Item 4.

OUTSIDE CHEMICAL STORAGE AREA

done
+ label
~~19.~~ Adequately secure all compressed gas cylinders whether empty or full. Replace valve protection caps when not in use.

20. Separate the compressed gas storage by DOT hazard class (i.e., flammable, nonflammable, poisonous, corrosive). Oxidizers may be stored with corrosives. Provide a 20' physical separation between classes or a noncombustible partition extending 18" above/front/rear. Poison shall be stored in approved gas cabinets as prescribed in Item 4.

sh
21. Conspicuously label the different storage areas with DOT placards.

22 The acid cabinet shall be relabeled to address the hazard class of the materials stored in it (i.e., chromium trioxide, MOF6, N2 trioxide). This cabinet is not intended for storage of strong oxidizers, flammables and perchloric acid.

23 Label the DI water tank.

24 Label all hazardous material drain and supply lines leading to the neutralization system.

25 Provide secondary containment pursuant to the Hazardous Materials Permit Storage Ordinance for the sodium hydroxide drums.

ROOF

26. Conspicuously label the exhaust ventilation controls. *Mc*

27. Label all gas lines leading to the scrubber. *put*

28. Label on/off switches for the scrubber. *ms*

29. When your facility makes changes to the scrubber, I recommend that consideration be given to the AC intake vent in this vicinity. It may be advantageous to separate these two pieces of equipment in the event of a hazardous materials leak. Please notify this department to obtain a permit prior to any changes.

MISCELLANEOUS

30. The sprinkler system shall be upgraded as required to provide a sprinkler demand of ordinary group III over a 3,000 square foot design area. *?*

31. The area surrounding the R & D Lab, Applications Lab and Yellow Room shall be separated from the remainder of the building (B-2 areas) by a ~~complete~~ one-hour occupancy separation. This separation includes doors, windows and any duct penetrations through the envelope. (The existing doors do not meet one-hour requirements.) *Mc*

32. These rooms shall be capable of providing one cubic foot per square foot exhaust ventilation. A manual control switch shall be provided for this system and shall be located in a conspicuous location outside of these areas. *?*

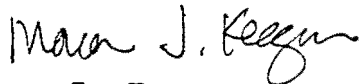
33. Any additions or deletions to the type or amount of hazardous materials shall be in accordance with the Hazardous

Mr. Jack Bogan
August 27, 1984
Page 5

Materials Storage Permit Ordinance. Please submit a the material safety data sheet for the boron trichloride.

A reinspection will be made in approximately one month to determine compliance. If you have any questions, please call us at (415) 966-6343.

Sincerely,



Mona J. Keegan
Deputy Fire Marshal

MJK/SMA
112-8-23L

cc: BIS



CITY OF MOUNTAIN VIEW

Fire Prevention
(415) 966-6343

1000 Villa Street
Mountain View, CA 94041

RECEIVED

February 13, 1985

FEB 15 1985

Mr. Joe Solenski
Genus
515 Ellis Street
Mountain View, CA 94043

GENUS INC.

FIRE SAFETY REINSPECTION--515 ELLIS STREET, MOUNTAIN VIEW,
CALIFORNIA--GENUS

Dear Mr. Solenski:

During my reinspection of February 7, 1985, I noted that the new exits, new burn box/scrubber and alterations to the flammable/corrosives exhaust systems have been installed without benefit of permits. Needless to say, this approach often leads to bigger and costlier problems as well as requiring time on everyone's part to resolve. In the future, please secure all proper permits prior to doing building alterations, mechanical system alterations, etc.

The following items remain to be corrected:

1. Submit as-built plans depicting the layout of the new acid and solvent exhaust systems in the applications lab. Also include information on the type of motors, fans, type and size of duct material (manufacturer's listing for polyester reinforced resin) and indicate the method of installation for the solvent duct roof penetration (clearance space between duct and combustible roof members).
*From Lab
5" metal duct
to solvent thru
barrier filter
probably no
clearance between
duct & roof*
*fiberglass
connecting
to main
system.
Sealed
w/ thin
celling.*
2. Submit as-built plans for the new burn box installation depicting layout of all new ducting, motors, fans and any addition to the electrical system (if applicable). Describe location on roof, control switches, and how it interfaces with the emergency generator. Also submit the manufacturer's specifications on this equipment.
3. Submit as-built plans on the emergency generator. Depict manufacturer's specifications on the unit as well as capacity and duration of running time.
4. Submit as-built plans for the solvent and acid exhaust systems in the R&D lab as described in Item 1. Also show location of sprinkler heads.

Mr. Joe Solenski
February 13, 1985
Page 2

The aforementioned plans shall first be submitted to the Building Inspection Division, 444 Castro Street, Mountain View, California 94041.

5. The installation of the two new exits and in particular, their location, will need to be resolved with the Building Inspection Division and this Department.

R&D LAB

6. All highly toxic compressed gas cylinders, whether in use or storage, shall be contained in approved gas cabinets that are internally sprinklered, monitored for the type of gas present (gas detection) and be interlocked to shut off the flow of gas upon activation of the alarm.
7. Submit the manufacturer's specifications on the heated bath located at the acid benches. 7
8. Remove all hazardous materials that are stored under the bench and place in approved acid cabinets unless they are in immediate use.
9. Remove all flammable liquids stored under the solvent bench and place in approved flammable liquid cabinets unless they are in immediate use.
10. Provide a second legal exit for the R&D lab.

CHASE NO. 1

11. Highly toxic compressed gases shall be stored as prescribed in Item No. 6.
12. Provide information on the new gas detection system.

YELLOW ROOM

13. Provide protection around or encompassing the gas piping on the floor.
14. Provide a second legal exit for this room.
15. Conspicuously label the acid exhaust hood.
16. Store all hazardous materials not in immediate use in approved cabinets.

APPLICATIONS LAB

17. Provide a second legal exit for this room.

CHASE NO. 2

18. Highly toxic compressed gases shall be stored as prescribed in Item 6.

OUTSIDE CHEMICAL STORAGE AREA

19. Adequately secure all compressed gas cylinders whether empty or full. Replace valve protection caps when not in use.
20. Separate the compressed gas storage by DOT hazard class (i.e., flammable, poisonous, corrosive). Oxidizers may be stored with corrosives. Provide a 20' physical separation between classes or a noncombustible partition extending 18" above/front/rear. Poisons shall be stored in approved gas cabinets as prescribed in Item 6. *Cylinders in room*
21. Conspicuously label the different storage areas with DOT placards.
22. During this inspection I could not gain access to the acid or solvent cabinets. These will need to be inspected during my next inspection.

ROOF

23. Conspicuously label the exhaust ventilation controls.
24. Label all gas lines leading to the scrubbers.
25. Label on/off switches for the scrubbers.

MISCELLANEOUS

26. The sprinkler system shall be upgraded as required to provide a sprinkler demand of ordinary Group III over a 3,000 square foot design area. Submit as-built plans for the sprinkler system so this determination can be made. *.21 gal/ft²*
27. The area surrounding the R&D lab, applications lab, and yellow room shall be separated from the remainder of the building (B-2 areas) by a complete one-hour occupancy separation. This separation includes doors, windows and any duct penetrations through the envelope. (The existing doors do not meet one-hour requirements.)

Mr. Joe Solenski
February 13, 1985
Page 4

28. The aforementioned rooms shall be capable of providing one cubic foot per square foot exhaust ventilation. A manual control switch shall be provided for this system and shall be located in a conspicuous location outside of these areas. Provide information on these air-handling systems.

29. Any alterations or deletions to the type or amount of hazardous materials shall be in accordance with the Hazardous Materials Storage Permit Ordinance. Submit the material safety data sheet for the boron trichloride.

A reinspection will be made in approximately three weeks to determine compliance. If you have any questions, please call us at (415) 966-6343.

Sincerely,

Mona J. Keegan

Mona J. Keegan
Deputy Fire Marshal

MJK/SMA
112-2-11L

cc: Mr. Bill Lehner

Building Inspection Division



CITY OF MOUNTAIN VIEW

Fire Prevention
(415) 966-6343

1000 Villa Street
Mountain View, CA 94041

May 29, 1985

Mr. William Lehner
Genus
515 Ellis Street
Mountain View, CA 94043

GENUS NO.

515 ELLIS STREET--GENUS--FIRE CODE COMPLIANCE

Dear Bill:

Thank you for the information you submitted pursuant to our letter dated February 13, 1985. I will address your responses individually.

TEMPORARY STORAGE OF WF6

Your responses to our requirements are correct. I would also like to suggest that visual daily monitoring of the storage be conducted as an added safety precaution.

Please refer to Fire Department letter dated February 13, 1985 and your response letter dated May 2, 1985.

ITEM NO. 1 (APPLICATION LAB SPRINKLER PIPING PLAN FOR CHEMICAL EXHAUST SYSTEM)

Acid Exhaust: Sprinkler head locations in duct are acceptable. ~~Add one head at each hood location.~~ *delete*

Solvent Exhaust: Due to the size of the duct, sprinklers are not required (less than 10" in diameter). Add one head at the hood and one at the roof penetration. Also, the information given for the blower exhaust motor does not indicate model type (i.e., explosionproof or nonexplosionproof). Please clarify.

ITEM NO. 2

Am I correct in ascertaining that the burn box or CDO system is an integral part of the scrubber system? Specifically, should a power outage occur, will the gases being processed in the CDO continue to the scrubber with the only out-of-service function being that of the CDO? If this is the case and with the knowledge I have of water wash scrubbers, I would recommend that the CDO be wired into the generator.

Power out - all machines go to fail safe. gases off!

WFL

ITEM NO. 3

I recommend that the generator run independent of a public utility. ~~DO NOT~~ -

ITEM NO. 4

The submitted piping plan does not include this area. Additionally, provide one sprinkler head at each acid hood and one head at the solvent hood and roof penetration.

ITEM NO. 5

OK. Please arrange for another final inspection as there were pending items. ~~OK~~

ITEM NO. 6

I am in agreement that cabinets containing water-reactive materials should not be sprinklered.

In regard to monitoring hazardous gases, I cannot require something that does not exist, so therefore this requirement will remain in temporary abeyance until such time as devices are available. However, the outgoing piping system shall be provided with excess flow control valves that will detect and shut down the flow of gas upon an excessive flow condition. Please arrange an inspection with this department when the gas cabinets are completed. *(cabinet, exhaust, no sprinkler) ok*

ITEM NO. 7

Information suggests approval. In the event of future modifications or a change to a combustible vessel material, low liquid level safety controls will be required.

ITEM NOS. 8 AND 9

Does this mean I will not see any more chemicals stored under the benches????? ~~OK~~

ITEM NOS. 10 AND 11--OK.

ITEM NO. 12

I was referring to the equipment located in Chase No. 1. ?

ITEM NOS. 13 THROUGH 19--OK.

Mr. William Lehner
May 29, 1985
Page 3

ITEM NO. 20--OK. (Poisons still need to be in cabinets.) *ph*

ITEM NOS. 21 AND 22--OK.

ITEM NO. 23--OK. (I will need to get on the roof during the next inspection.)

ITEM NOS. 24 AND 25--OK.

ITEM NO. 26 —

It appears that the sprinkler system was designed with pipe schedule spacing as opposed to being hydraulically calculated. A review of the as-built plans indicates that the spacing and location of the head fall within the scope of ordinary Group III pipe schedule. Available water at the street is 90 static 53 residual with 9,200 GPM at 20 PSI. *ph*

ITEM NO. 27--OK.

ITEM NO. 28

Further discussion is needed on this subject. I made an error in my letter in that Article 51 requires one cubic foot per minute per square foot of floor area. At this point, I am not sure how to interpret or equate cubic feet with square feet. *ph*

ITEM NO. 29--OK.

A reinspection will be made in approximately three weeks to determine compliance with the completed items. If you have any questions, please call us at (415) 966-6343.

Sincerely,

Mona J. Keegan
Mona J. Keegan
Deputy Fire Marshal

MJK/EGJ
112-5-28L2



CITY OF MOUNTAIN VIEW

Fire Department
Telephone (415) 966-6365

1000 Villa Street
Mountain View, CA 94041

July 21, 1986

Mr. Bob Ramsey
GENUS, INC.
515 Ellis St.
Mountain View, CA 94039

HAZARDOUS MATERIALS INSPECTION SCHEDULED
FOR 515 ELLIS STREET ON JULY 24, 1986

Dear Mr. Beeby:

A hazardous materials inspection has been scheduled for the facility located at 515 Ellis Street. Enclosed is a list of information you will need to have on hand for the meeting. Please provide copies of all applicable items. Your cooperation is appreciated.

If you should have any questions, call (415) 966-6378.

Thank you,

Cindy Sundquist
Asst. Hazardous Materials Specialist

Enclosure

b/hmins1ta

INSPECTION TOOK PLACE 7/24/86
I RECEIVED THIS ON 7/28/86
MR. SUNDQUIST TO SEND REPORT

HAZARDOUS MATERIALS INSPECTION
INFORMATION TO BE PROVIDED

1. Number of days and shifts the building is occupied, and the number of employees per shift.
2. The history of the site and previous occupancies.
3. Major changes in your operation regarding chemical handling and disposal.
4. Description of above and below ground tanks (i.e., age, contents, capacity, construction).
5. All permits and the maximum permissible concentrations (i.e., water, sewer, air discharge permits, EPA permits, City of Mountain View permits).
6. Results of any monitoring or testing which has been conducted in regards to the above.
7. Results of any precision testing conducted.
8. Manifests
9. Emergency Preparedness Plan
10. Closure Plan
11. Waste Analysis Plan
12. Written audits/inspections of equipment or devices regarding environmental hazards (i.e., monitoring equipment, safety and emergency equipment, security devices, etc.)
13. Geology of site (i.e., soil type and permeability, depth of shallow aquifer, location and use of nearest surface stream or impoundments within one mile).

CS/gl/mi-7/86
b-hminsltb



CITY OF MOUNTAIN VIEW

Fire Department
Telephone (415) 966-6565

RECEIVED

1000 Villa Street
Mountain View, CA 94041

July 25, 1986

JUL 30 1986

I: R

Mr. Bob Ramsey,
Facilities, Safety & Security Mgr.
GENUS
515 Ellis
Mountain View, CA 94043

RE: HAZARDOUS MATERIALS INSPECTION-JULY 24, 1986

Dear Mr. Ramsey:

On the above date a Hazardous Materials inspection was conducted of your facility. The purpose of the inspection was to evaluate your handling and disposal practices for all chemicals at your facility. The following item shall be completed as per the "City of Mountain View HAZARDOUS MATERIALS STORAGE PERMIT CODE".

1. Develop a closure plan for the above facility. This plan shall contain a description of the procedures you would use for terminating the storage of your hazardous materials in a manner which would minimize the need for further maintenance; would control any residual materials in the storage facility; and would demonstrate that the hazardous materials that were stored in the storage facility can and will be removed, disposed of, neutralized, or reused in an appropriate manner. (Ord. 19.83, Sec.24.19, 9/27/83.)
2. Develop the Emergency Response Procedures your company would take in the event of a chemical spill, leak or fire. Included in this procedure should be individuals who would be responsible for different emergencies or would be responsible for calling the appropriate agencies (ie. fire dept.). Both their extensions and home phone numbers should be listed with their names. Simplified procedures shall be posted conspicuously in locations where hazardous materials are stored. (Ord. 19.83, Sec. 24.17, 9/27/83.)
3. Retrain the members of the emergency response team on at least a biannual basis. This training should be used to refresh the members memories on the various procedures to use in the event of an emergency, as well as to discuss any new procedures, equipment or chemicals you might develop or obtain for your company. Also, included

in this training should be the proper use of fire extinguishers. This training should be documented.

4. Conduct formal training for all employees who work or handle hazardous materials. This training should include the proper handling and storage of chemicals so as to avoid not only an employee injury, but also to avoid the improper mixing, storage or disposal of chemicals which could lead to an unauthorized release of chemicals into the environment through spills, leaks or fire. All training should be documented.
5. Develop and maintain a log for all recordable and reportable spills or leaks. A recordable unauthorized discharge is one which is from a primary to a secondary containment, one in which you are able to adequately clean up the discharge before it escapes from the the containment, there is no increase in the hazard of fire or explosion, there is not any production of a flammable or poisonous gas, nor any deterioration of the secondary containment. An unauthorized discharge does not need to be recorded if the discharge is not a result of a failure or deterioration of the primary container and the quantity discharged is less than one ounce by weight and can be cleaned up within fifteen minutes. A reportable discharge is one which does not meet the above criteria in that the spill or leak is not contained by the secondary containment structure, you are unable to clean up the discharge before it escapes or the discharge produces an increased hazard from a fire or explosion standpoint. (Ord. 19.83, Sec. 24.25, 9/27/83.).
6. Dispose of the liquid in the bottom of the solvent storage cabinet located in the outside storage area. There is an unknown liquid currently located in the bottom shelf area which is used as the secondary containment for the cabinet. The liquid shall be analyzed and if hazardous, shall be disposed of properly by either being recycled or hauled away. (Ord. 19.83, Sec. 24.10, 9/27/83.)

There were two waste drums which were currently not in secondary containment. This was due to the old berm being too small to hold the two drums kept in the area. You had ripped out the old berm and you have plans to install a larger one in 3-4 weeks.

You are currently storing your Tungsten Hexafluoride gas inside the building in an unventilated area. However, you are currently having hoods built for the cylinders which will be ventilated. You stated that these hoods should be installed in approximately 2 weeks.

As we discussed, I have enclosed a list of items I would like you to send me a copy of. For items in which there might be duplicates (ie. manifests), you can send only the most current one.

I will contact you in approximately 3-4 months in order to reschedule a visit. In the mean time, if you have any questions, please feel free to call me at (415) 966-6378.

Sincerely,



Cindy Sundquist
Asst. Hazardous Materials Specialist

cc: Mr Jim Daggert, VP-Human Relations



CITY OF MOUNTAIN VIEW

FIRE PREVENTION BUREAU
HAZARDOUS MATERIALS SECTION
TELEPHONE: (415) 966-6378

1000 VILLA STREET
MOUNTAIN VIEW, CA 94041

December 15, 1986

Mr. Ralph Itanin
GENUS
515 Ellis
Mountain View, CA 94041

RE: HAZARDOUS MATERIALS INSPECTION-FOLLOW-UP

Dear Mr. Italin:

On November 26, 1986 a visit was made to follow-up on the items listed in my letter dated July 25, 1986. The status of these items are as follows:

1. (Resubmitted) Develop a closure plan for the above facility. This plan shall contain a description of the procedures you would use for terminating the storage of your hazardous materials in a manner which would minimize the need for further maintenance; would control any residual materials in the storage facility; and would demonstrate that the hazardous materials that were stored in the storage facility can and will be removed, disposed of, neutralized, or reused in an appropriate manner.
2. (On hold/Resubmitted) You will be required to develop an emergency preparedness plan; however we are standardizing the information we would need and will send this to you at a later date. Until that time, no further work in this area is needed.
3. (On hold/Resubmitted) Conduct emergency response training on a regular basis for all members of your emergency response team. This training will be part of the above emergency preparedness plan and can be developed at the same time.
4. (Partially completed) Train all the employees in the proper use and storage of hazardous materials. You have already conducted the initial training; however, you still need to conduct refresher courses on a semi-annual basis.
5. (Resubmitted) Develop and maintain a log for all recordable and reportable spills or leaks. A recordable unauthorized discharge is one which is from the primary to the secondary containment, one in which you are able to adequately clean up the discharge before it escapes from the containment, there is no increase in the hazard of fire or explosion, there is not any production of a flammable or

poisonous gas, nor any deterioration of the secondary containment. An unauthorized discharge does not need to be recorded if the discharge is not a result of a failure or deterioration of the primary container and the quantity discharged is less than one ounce by weight and can be cleaned up within fifteen minutes. A reportable discharge is one which does not meet the above criteria in that the spill or leak is not contained by the secondary containment structure, you are unable to clean up the discharge before it escapes, or the discharge produces an increased hazard from a fire or explosion standpoint.)

6. (Completed) The liquid in the bottom of the solvent storage cabinet has been removed.

The secondary containment for the storage of waste drums which was in progress at the time of my previous visit has been completed.

The Ventilation system for the storage of the Tungston Hexafluoride gas is still in progress. The system which was being worked on was insufficient to meet all codes. Therefore, you are in the process of developing/installing another.

In addition to the incomplete items listed above, the following items shall be completed as per the "City of Mountain Views HAZARDOUS MATERIALS STORAGE PERMITS CODE".

7. Place the 6' x 6' hazardous waste labels on the drums immediately upon placing waste inside. The labels shall also be filled out at this time.
8. Dispose of your hazardous waste within 90 days of the initial generation. In order to store hazardous waste longer than 90 days, you need a special license from the Department of Health Services to be a Treatment, Storage and Disposal (TSD) facility.

Please let me know if you have any questions on the above. I will revisit you in March to follow-up on the above items.

Sincerely,



Cindy Sundquist
Asst. Hazardous Materials Specialist



CITY OF MOUNTAIN VIEW

FIRE DEPARTMENT
HAZARDOUS MATERIALS DIVISION
(415) 966-6378

1000 VILLA STREET
MOUNTAIN VIEW, CA 94041

August 31, 1987

Mr. Ralph Itanin
GENUS INC.
515 Ellis Street
Mountain View, CA 94043

Dear Mr. Itanin:

On August 31, 1987, an inspection was conducted at your facility to determine compliance with the Hazardous Materials Storage Ordinance (Chapter 24, MVMC) and the Health and Safety Code.

The following items were noted as requiring either remedial action for compliance or further investigation to determine compliance:

Outside Hazardous Waste Storage

- 1) Spill containment kit/control equipment will be in place, located near enough for easy access, by the next re-inspection.
- 2) All hazardous materials within storage area should either be in storage lockers or some other form of secondary containment. Evidence found outside storage area of previous spills. Storage area needs some form of secondary containment, i.e. a berm, to prevent any release inside storage from spreading to the outside.
- 3) Containerized materials should be transferred in and out of storage area safely, using a dolly for cylinders, and some sort of container cart for other materials.
- 4) Label all processing tanks with chemical name and hazard class. All secondary tank containers should be clean and dry.
- 5) Gas cabinets are to be installed by the end of October, before our next re-inspection. Cabinets shall be labelled and placarded.

Lab Processing Area

- 1) Processing lab floor drain must be covered or bermed 2-24-87

Paperwork

- 1) Post all permits (i.e. Haz Mat, Air Emissions, Waste Water Discharge).

CHEM & CLASS

- 2) Document in writing that all personnel are trained in Right-To-Know with yearly updates.
- 3) Post emergency evacuation and notification procedures.
- 4) Accumulation start dates must be marked on all hazardous waste labels. Waste may only be accumulated for a maximum of ninety days. Manifest copies from disposal site must be retrieved and maintained.

A re-inspection of your premises will be conducted during the LAST WEEK OF OCTOBER to confirm that those items not in compliance have been corrected. Failure to correct said items may result in civil penalties of up to \$500.00 per day. Further re-inspections will be billed at \$40.00 per hour, one hour minimum.

Thank you for your time and cooperation. If you have any questions, feel free to call me at (415) 966-6378.

Sincerely,

Chris Steck

Chris Steck
Hazardous Materials Specialist



CITY OF MOUNTAIN VIEW

FIRE DEPARTMENT
HAZARDOUS MATERIALS DIVISION
(415) 966-6378

1000 VILLA STREET
MOUNTAIN VIEW, CA 94041

August 31, 1987

Mr. Ralph Itanin
GENUS INC.
515 Ellis Street
Mountain View, CA 94043

Dear Mr. Itanin:

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The following items were noted as requiring either remedial action for compliance or further investigation to determine compliance:

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- 2) All hazardous materials within storage area should either be in storage lockers or some other form of secondary containment. Evidence found outside storage area of previous spills. Storage area needs some form of secondary containment, i.e. a berm, to prevent any release inside storage from spreading to the outside.
- 3) Containerized materials should be transferred in and out of storage area safely, using a dolly for cylinders, and some sort of container cart for other materials.
- 4) Label all processing tanks with chemical name and hazard class. All secondary tank containers should be clean and dry.
- 5) Gas cabinets are to be installed by the end of October, before our next re-inspection. Cabinets shall be labelled and placarded.

Lab Processing Area

- 1) Processing lab floor drain must be covered or bermed.

Paperwork

- 1) Post all permits (i.e. Haz Mat, Air Emissions, Waste Water Discharge).

- 3.5, 2) Document in writing that all personnel are trained in Right-To-Know with yearly updates.
- 3.1 3) Post emergency evacuation and notification procedures.
- 4) Accumulation start dates must be marked on all hazardous waste labels. Waste may only be accumulated for a maximum of ninety days. Manifest copies from disposal site must be retrieved and maintained.

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Thank you for your time and cooperation. If you have any questions, feel free to call me at (415) 966-6378.

Sincerely,

Chris Steck

Chris Steck
Hazardous Materials Specialist

Please print or type (Form designed for use on elite (12-pitch typewriter))

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1 Generator's US EPA ID No

Manifest
Document No

2 Page 1

1 of 1

Information in the shaded areas
is not required by Federal law

3. Generator's Name and Mailing Address

GENUS INC.

51 ELLIS ST. MT. VIEW CA 94043

4. Generator's Phone (415) 960-1120

A. State Manifest Document Number

37054943

B. State Generator's ID

EXEMPT

5. Transporter 1 Company Name

6

US EPA ID Number

SOLVENT SERVICE INC

CA 0059494310

C. State Transporter's ID (408) 286-6446

7. Transporter 2 Company Name

8

US EPA ID Number

D. Transporter's Phone (408) 286-6446

9. Designated Facility Name and Site Address

SOLVENT SERVICE INC

101 BERRYESSA RD.

SAN JOSE CA 95133

10

US EPA ID Number

CA 0059494310

E. State Transporter's ID

G. State Facility's ID

CA 0059494310

H. Facility's Phone

(408) 286-6446

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12 Containers

No Type

13 Total

Quantity

14 Unit

Wt/Vol

1. Waste No

a. WASTE CORROSIVE SOLID, NO. 1

CORROSIVE MATERIAL UN1759

99/2.1 3/1/90 P

State

191

EPA/Other

0002

b. State

EPA/Other

c. State

EPA/Other

d. State

EPA/Other

J. Additional Descriptions for Materials Listed Above

A). SILICON DIOXIDE POWDER, FOMCLIN, TANGSTEN
ANYOR TANGSTEN FLUORINE, SILICON ANYOR SILICON
FLUORINE, HYDROFLUORIC ACID

K. Handling Codes for Wastes Listed Above

a. 99

b.

c.

d.

15. Special Handling Instructions and Additional Information

H-99103

CL 01 - 1500000

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

RALPH ITANEN

Signature

[Signature]

Month Day Year

10/8/03/85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Dr. J. V. [Signature]

Signature

[Signature]

Month Day Year

11/1/97

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

[Signature]

Signature

[Signature]

Month Day Year

[Signature]

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Ratie Knuth

Signature

Ratie K

Month Day Year

10/8/03/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802, WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

Please print or type (Form designed for use on elite (12-pitch typewriter))

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No	Manifest Document No	2 Page 1 of 1	Information in the shaded areas is not required by Federal law
3 Generator's Name and Mailing Address GEVAC INC. 510 ELLIS ST. MT. VIEW 94042		6 US EPA ID Number C14029194310		A. State Manifest Document Number 87054241	
4 Generator's Phone (415) 762-1120		8 US EPA ID Number		B. State Generator's ID EXEMPT	
5 Transporter 1 Company Name SOLVENT SERVICES INC.		6 US EPA ID Number C14029194310		C. State Transporter's ID 302730	
7 Transporter 2 Company Name		8 US EPA ID Number		D. Transporter's Phone (408) 286-6446	
9 Designated Facility Name and Site Address SOLVENT SERVICES INC. 221 BERNARD RD. MOUNTAIN VIEW 94042		10 US EPA ID Number C14029194310		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID C14029194310	
				H. Facility's Phone (408) 286-6446	
11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12 Containers No	13 Total Quantity	14 Unit Wt/Vol	1 Waste No
a. WASTE CORROSIVE - FLUORIDE SOLVENT WATERWASHABLE 112-77		0101	0.01	0.01	State 151 EPA/Other 0332
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other
J. Additional Descriptions for Materials Listed Above HF SILICON DIOXIDE POWDER, COMBUSTIBLE, TUNGSTEN HYDROLYZABLE FLUORIDE, SILICON, HYDROLYZABLE FLUORINE HYDROFLUORIC ACID.		K. Handling Codes for Wastes Listed Above a. b. c. d.			
15 Special Handling Instructions and Additional Information SOLVENT SERVICES INC. MOUNTAIN VIEW					
16 GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name RALPH A. ITANE		Signature [Signature]		Month Day Year 11/1/87	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name DOUG VANLANDINGHAM		Signature [Signature]		Month Day Year 11/1/87	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name		Signature		Month Day Year	

DHS 6022-A (11/87)

EPA 8700-22

(Rev. 8-85) Previous editions are obsolete.

YELLOW: GENERATOR RETAINS

INSTRUCTIONS ON THE BACK

Please print or type (Form designed for use on elite (12-pitch typewriter))

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No 01410194120411112		Manifest Document No 01491412		2 Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3 Generator's Name and Mailing Address GENERAL INC 270 PERSIMMON DR N WILSON CA 94092						A State Manifest Document Number 37554342			
4 Generator's Phone (415) 721-1120						B State Generator's ID EXEMPT			
5 Transporter 1 Company Name LIFE TRANSPORT				8 US EPA ID Number 01410194120411112		C State Transporter's ID EC2706			
7 Transporter 2 Company Name				8 US EPA ID Number		D Transporter's Phone (408) 446-4444			
9 Designated Facility Name and Site Address LIFE TRANSPORT						E State Transporter's ID			
10 US EPA ID Number						F Transporter's Phone			
11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12 Containers No Type		13 Total Quantity	
a WHITE SOLIDIFIED WASTE, 1100 FUEL OIL, 1100						1		1	
b WHITE SOLIDIFIED WASTE, 1100 FUEL OIL, 1100						1		1	
c									
d									
J Additional Descriptions for Materials Listed Above 1) ARCHIVED 2) FRESH						K Handling Codes for Wastes Listed Above a b c d			
15 Special Handling Instructions and Additional Information SOLIDIFIED									
16 GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR if I am a small quantity generator I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford									
Printed/Typed Name RICHARD A. FANIEL				Signature [Signature]				Month Day Year 10/4/1988	
17 Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name James L. Lehr				Signature [Signature]				Month Day Year 10/4/1988	
18 Transporter 2 Acknowledgement of Receipt of Materials									
Printed/Typed Name				Signature				Month Day Year	
19 Discrepancy Indication Space									
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.									
Printed/Typed Name				Signature				Month Day Year	

Please print or type (Form designed for use on elite (12-pitch typewriter))

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No	Manifest Document No	2 Page 1 of 1	Information in the shaded areas is not required by Federal law
3 Generator's Name and Mailing Address GENMA INC 255 ELLIS ST MT. VIEW CA 94062		6 US EPA ID Number 1041201924343110		A State Manifest Document Number 37534040	
4 Generator's Phone (415) 960-1120		8 US EPA ID Number		B State Generator's ID EXEMPT	
5 Transporter 1 Company Name SOLVENT SERVICE INC		10 US EPA ID Number		C State Transporter's ID 602706	
7 Transporter 2 Company Name		8 US EPA ID Number		D Transporter's Phone 206 6446	
9 Designated Facility Name and Site Address SOLVENT SERVICE INC 1001 BERRYESSA RD. SACRAMENTO CA 95833		10 US EPA ID Number		E State Transporter's ID	
				F Transporter's Phone	
				G State Facility's ID C141019494310	
				H Facility's Phone (916) 296-6741	
11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12 Containers No Type	13 Total Quantity	14 Unit Wt/Vol	1 Waste No.
a WASTE FLAMMABLE LIQUID NOS FLAMMABLE LIQUID UN 1203		401	100	90920	5
b					
c					
d					
J Additional Descriptions for Materials Listed Above ACETONE, FLEOM, ISOPROPYL ALCOHOL 1,1,1 TRICHLOROETHANE, HEPTANE		K Handling Codes for Wastes Listed Above a 99 b c d			
15 Special Handling Instructions and Additional Information A-99/01 CLOSE 1609521					
16 GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford					
Printed/Typed Name RALPH ITA		Signature [Signature]		Month Day Year 10/1/98	
17 Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name James L. Leke		Signature [Signature]		Month Day Year 10/1/98	
18 Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year	
19 Discrepancy Indication Space					
20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19					
Printed/Typed Name Katie Knuth		Signature Katie Kn		Month Day Year 10/1/98	

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1 Generator's US EPA ID No

Manifest
Document No

2 Page 1
of 1

Information in the shaded areas
is not required by Federal law

3 Generator's Name and Mailing Address

GEN 1 - INC.

515 ELLIS ST MT. VIEW CA 94043

4 Generator's Phone (415) 960-1120

A State Manifest Document Number

37054339

B State Generator's ID

EXEMPT

5 Transporter 1 Company Name

SOLVENT SERVICE INC

8

US EPA ID Number

CA 01059494310

C State Transporter's ID

802706

D Transporter's Phone (408) 286-6446

7 Transporter 2 Company Name

8

US EPA ID Number

E State Transporter's ID

F Transporter's Phone

9 Designated Facility Name and Site Address

SOLVENT SERVICE INC

1021 BERRYESSA RD.

INDUSTRIAL PARK

10

US EPA ID Number

CA 01059494310

G State Facility's ID

CA 01059494310

H Facility's Phone

(408) 286-6446

11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12 Containers
No Type

13 Total
Quantity

14 Unit
Wt/Vol

15 Waste No

a WASTE CORROSIVE SOLID NOS

CORROSIVE MATERIAL - 4017-59

01/19/90 90050

State

121

EPA/Other

3022

b

State

EPA/Other

c

State

EPA/Other

d

State

EPA/Other

J Additional Descriptions for Materials Listed Above

505-2013
A). SILICON DIOXIDE POWDER, FUMBLIN, TUNGSTEN
AND/OR TUNGSTEN FLUORIDE, SILICON, AND/OR SILICON
FLUORIDE, HYDROFLUORIC ACID

K Handling Codes for Wastes Listed Above

a 99

c

d

15 Special Handling Instructions and Additional Information

A-14-C3

GLOVES GOGGLES FACE MASK

16 **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR if I am a small quantity generator I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford

Printed/Typed Name

RALPH ITANEI

Signature

[Signature]

Month Day Year

12/1/90

17 Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

James L. Lehr

Signature

[Signature]

Month Day Year

01/1/91

18 Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

[Signature]

Month Day Year

19 Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19

Printed/Typed Name

Katie Knuth

Signature

Katie Kn

Month Day Year

10/1/90

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No	Manifest Document No	2 Page 1 of	Information in the shaded areas is not required by Federal law	
3 Generator's Name and Mailing Address GENAS 515 ELLIS ST. MT. VIEW, CA 94043		C1A129811571278		A State Manifest Document Number 07054038		
4 Generator's Phone (415) 960-1120				B State Generator's ID EXEMPT		
5 Transporter 1 Company Name SOLVENT SERVICE INC.		6 US EPA ID Number 1090059494211	C State Transporter's ID 70712		D Transporter's Phone (408) 236-6446	
7 Transporter 2 Company Name		8 US EPA ID Number	E State Transporter's ID		F Transporter's Phone	
9 Designated Facility Name and Site Address SOLVENT SERVICE INC. 1051 BERRYESSA RD. SAN JOSE CA 95128		10 US EPA ID Number 1090059494211	G State Facility's ID C1A129811571278		H Facility's Phone (408) 236-6446	
11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12 Containers No Type	13 Total Quantity	14 Unit Wt/Vol	15 Waste No	
a WHITE CORROSIVE SOLID NOS. CORROSIVE MATERIAL UNIDENTIFIED		001 HAC DM	1153	0	State 151 EPA/Other 2-2	
b WHITE SOLID NOS. UNIDENTIFIED		001 DM	1136	G	State 151 EPA/Other	
c					State EPA/Other	
d					State EPA/Other	
J Additional Descriptions for Materials Listed Above 50% - 200% A) SILICON DIOXIDE, POWDER, FUMBLIN TUNGSTEN AND/OR TUNGSTEN FLUORIDE, SILICON AMORPHOUS SILICON FLUORIDE, HYDROFLUORIC ACID B) MACHINE OIL		K Handling Codes for Wastes Listed Above 99- c d		b 99		
15 Special Handling Instructions and Additional Information GLOVES, GOGGLES, FACE MASK		49-03 4901100				
16 GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment OR if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name RALPH ITAVEJ		Signature 		Month Day Year 11/14/87		
17 Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name MARIO JOHNSON		Signature 		Month Day Year 11/14/87		
18 Transporter 2 Acknowledgement of Receipt of Materials						
Printed/Typed Name		Signature		Month Day Year		
19 Discrepancy Indication Space						
20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19						
Printed/Typed Name Katie Knuth		Signature Katie Knuth		Month Day Year 10/26/87		

Please print or type (Form designed for use on elite (12-pitch typewriter))

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No	Manifest Document No	2 Page 1 of	Information in the shaded areas is not required by Federal law
3 Generator's Name and Mailing Address GENUS INC 515 ELLIS ST. MT. VIEW CA 94063			A. State Manifest Document Number 87054337		
4 Generator's Phone (415) 960-1120			B. State Generator's ID CA 1951159425		
5 Transporter 1 Company Name SOLVENT SERVICE INC		6 US EPA ID Number CA 1257494310	C. State Transporter's ID 707417		
7 Transporter 2 Company Name		8 US EPA ID Number	D. Transporter's Phone 408) 286-6446		
9 Designated Facility Name and Site Address SOLVENT SERVICE INC 1021 BERRYESSA RD. CA 95133		10 US EPA ID Number CA 1257494310	E. State Transporter's ID		
			F. Transporter's Phone		
			G. State Facility's ID CA 1257494310		
			H. Facility's Phone (408) 286-6446		
11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12 Containers No Type	13 Total Quantity	14 Unit Wt/Vol	15 Waste No
a. WASTE CORROSIVE SOLID NOC CORROSIVE MATERIAL UN1753		2 BM	1150	P	State 131 EPA/Other 1021
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other
J. Additional Descriptions for Materials Listed Above 5% 20% SILICON DIOXIDE POWDER, ROMBLIN TUNGSTEN AND/OR TUNGSTEN FLUORIDE SILICON AND/OR SILICON FLUORIDE HYDROFLUORIC ACID		K. Handling Codes for Wastes Listed Above a. 99-03 b. c. d.			
15 Special Handling Instructions and Additional Information GROSS - GROSS					
16 GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR if I am a small quantity generator I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford					
Printed/Typed Name RALPH ITANEV		Signature <i>[Signature]</i>		Month Day Year 10/28/97	
17 Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name TAYED BARE		Signature <i>[Signature]</i>		Month Day Year 10/28/97	
18 Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name Katie Knuth		Signature Katie Knuth		Month Day Year 10/28/97	

Please print or type. (Form designed for use on elite (12-pitch) typewriter)

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law
3. Generator's Name and Mailing Address SERVOZ INC 515 Ellis St 7th. View, Ca 94043		CADD131581978		A. State Manifest Document Number 84555959	
4. Generator's Phone (415) 960-1120				B. State Generator's ID CAD981581978	
5. Transporter 1 Company Name Solvent Services		6. US EPA ID Number CADD131474310		C. State Transporter's ID 107901	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (408) 286-6446	
9. Designated Facility Name and Site Address SOLVENT SERVICES LTD 1081 Serrano Rd San Jose, Ca. 95133		10. US EPA ID Number CADD131474310		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID CADD131474310	
				H. Facility's Phone (408) 286-6446	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit	1. Waste No.
a. WASTE Flammable Liquid UN 1270		No. Type			
b. WASTE Flammable Liquid U.O.S					
Flammable Liquid UN 1993		1 D.M.	55 G		221
c.					
d.					
J. Additional Descriptions for Materials Listed Above A-Waste Machine Oil B-Acetone; Freon; Isopropyl alcohol; 1,1,1, trichloroethane nephthalene		K. Handling Codes for Wastes Listed Above 99/01/07			
15. Special Handling Instructions and Additional information					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name RALPH ETHANSEN		Signature <i>[Signature]</i>		Date Month Day Year 04/13/87	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Date Month Day Year 04/13/87	
Printed/Typed Name ROBERT H. Wanzel		Signature <i>[Signature]</i>		Date Month Day Year 04/13/87	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Date Month Day Year	
Printed/Typed Name		Signature		Date Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name Katie Knuth		Signature <i>[Signature]</i>		Date Month Day Year 04/13/87	

Please print or type (Form designed for use on elite (12-pitch) typewriter)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA0981581978	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law
3. Generator's Name and Mailing Address GENUS INC 515 ELLIS ST. MT. VIEW CALIF 94043		A. State Manifest Document Number 84555958			
4. Generator's Phone (415) 960-1120		B. State Generator's ID CA0981581978			
5. Transporter 1 Company Name SOLVENT SERVICE		6. US EPA ID Number ICAD057494310		C. State Transporter's ID 12821	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (408) 286-6446	
9. Designated Facility Name and Site Address SOLVENT SERVICE SAN JOSE, CA 95133		10. US EPA ID Number 149051474310		E. State Transporter's ID F. Transporter's Phone G. State Facility's ID H. Facility's Phone (408) 286-6446	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Vol	15. Waste No.
a. WASTE CORROSIVE SOLID N.O.S. CORROSIVE MATERIAL UN1759		1 071	50	P	DOOR 181
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above A-SILICON DIOXIDE POWDER, FOMBLIN TUNGSTEN AND/OR TUNGSTEN FLUORIDE, SILICON AND/OR SILICON FLUORIDE, HYDROFLUORIC ACID		K. Handling Codes for Wastes Listed Above 99-03			
15. Special Handling Instructions and Additional Information					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name RALPH H. HARRIS		Signature [Signature]		Date Month Day Year 10/4/87	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name Robert A. Wanzel		Signature [Signature]	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name RALPH H. HARRIS		Signature [Signature]	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name Katie Knuth		Signature Katie Knuth		Date Month Day Year 10/4/87	

Please print or type (Form designed for use on elite (12-pitch) typewriter)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law	
3. Generator's Name and Mailing Address GUY'S INC 2000 N. 10TH AVE. LA 94043				A. State Manifest Document Number 84555954		
4. Generator's Phone () - - - - - 1120				B. State Generator's ID CA-0007052		
5. Transporter 1 Company Name		6. US EPA ID Number		C. State Transporter's ID		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone		
9. Designated Facility Name and Site Address		10. US EPA ID Number		E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility's ID		
				H. Facility's Phone		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers	13. Total Quantity	14. Unit Mt/Vol	1. Waste No.
a.			No.	Type		
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name		Signature		Date		
Robert S. Gibbons		[Signature]		Month Day Year 7 7 86		
17. Transporter 1 Acknowledgement of Receipt of Materials				Date		
Printed/Typed Name		Signature		Month Day Year		
Robert S. Gibbons		[Signature]		7 7 86		
18. Transporter 2 Acknowledgement or Receipt of Materials				Date		
Printed/Typed Name		Signature		Month Day Year		
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						
Printed/Typed Name		Signature		Month Day Year		

HAZARDOUS WASTE

DISPOSAL

PACIFIC FIRE 421-1817

CONTROL

ASTORIA - RISK INSURERS

~~CONFIDENTIAL~~



PRICES FOR DISPOSAL OF HAZARDOUS WASTES EFFECTIVE 2/15/87

BULK LIQUIDS

500 GALLON MINIMUM

BULK SOLVENT DISPOSAL PRICES ARE FOR INCINERATION OR RECLAMATION

SOLVENTS

NON-CHLORINATED SOLVENTS.....	\$2.27/GAL
CHLORINATED SOLVENTS(chlorinated solvent less than 1%).....	\$2.77/GAL
CHLORINATED SOLVENTS (chlorinated solvent greater than 1%).....	\$3.27/GAL
SOLVENTS WITH PHENOL.....	\$3.27/GAL

ACID AND CAUSTIC MATERIALS

ACID WASTES LESS THAN 5% AND CAUSTICS WITHOUT RESTRICTED METALS GREATER THAN ALLOWED....	\$2.28/GAL
ACID WASTES LESS THAN 5% AND CAUSTICS WITH RESTRICTED METALS GREATER THAN ALLOWED.....	\$3.10/GAL
ACID WASTE 5% TO 20%.....	\$2.41/GAL
ACID WASTE 5% TO 20% RESTRICTED METALS GREATER THAN ALLOWED.....	\$3.50/GAL
ACID WASTE (GREATER THAN 20%).....	MUST BE PLACED IN DRUMS
HYDROFLUORIC ACID (EXTREMELY HAZARDOUS) 6% OR LESS.....	\$2.47/GAL
HYDROFLUORIC ACID (EXTREMELY HAZARDOUS) 6% OR MORE.....	MUST BE PLACED IN DRUMS

CYANIDE SOLUTION

CYANIDE SOLUTION (EXTREMELY HAZARDOUS) 5% OR LESS.....	QUOTED UPON REQUEST
CYANIDE SOLUTION (EXTREMELY HAZARDOUS) GREATER THAN 5%.....	MUST BE PLACED IN DRUMS

DUMPSTER CHARGES

DELIVERY CHARGE.....	\$65.00/HOUR
PICKUP charge.....	\$100.00/HOUR
PLASTIC LINER.....	\$75.00 EACH
YARDAGE RATE(DRY).....	\$240.00/YARD
YARDAGE RATE(WET).....	\$480.00/YARD
TONNAGE RATE	\$240.00/TON

DRUM PICKUP MINIMUM CHARGE \$150.00

PER DRUM

DRUM SOLVENT DISPOSAL PRICES FOR INCINERATION AND/OR RECLAMATION

SOLVENTS

NON-CHLORINATED SOLVENTS	\$150.00/DRUM
CHLORINATED SOLVENTS(chlorination less than 1%)	\$170.00/DRUM
CHLORINATED SOLVENTS(chlorinated solvent greater than 1%).....	\$207.00/DRUM
SOLVENTS WITH PHENOL GREATER THAN 1000ppm.....	\$245.00/DRUM

ACID AND CAUSTIC MATERIALS

ACID LESS THAN 5% AND CAUSTICS WITHOUT RESTRICTED METALS GREATER THAN ALLOWED.....	\$127.00/DRUM
ACID LESS THAN 5% AND CAUSTICS WITH RESTRICTED METALS GREATER THAN ALLOWED.....	\$207.00/DRUM
ACID WASTE 5% TO 20%	\$213.00/DRUM
ACID WASTE 5% TO 20% WITH RESTRICTED METALS.....	\$226.00/DRUM
ACID WASTE (GREATER THAN 20%).....	\$273.00/DRUM
HYDROFLUORIC ACID (EXTREMELY HAZARDOUS) 6% OR LESS.....	\$297.00/DRUM
HYDROFLUORIC ACID (EXTREMELY HAZARDOUS) 6% OR MORE.....	\$233.00/DRUM

Distillation

Recycling of Chemical Waste

T S D Facility

CYANIDE SOLUTION OR SOLIDS

CYANIDE SOLUTION (EXTREMELY HAZARDOUS).....must be solid.....\$210.00/DRUM

ARSENIC SOLUTION OR SOLIDS

ARSENIC SOLUTIONS greater than 500 ppamust be solid.....\$210.00/DRUM

CORROSSIVE SOLIDS

DRUM SOLIDS.....\$150.00/DRUM
DRUM SOLIDS(EXTREMELY HAZARDOUS).....\$210.00/DRUM
DUMPSTER (FULL) APPROX: YARDAGE SOLID = 30 YARD DRY, 10 YARDS WET. 20,000 lbs max.....\$3200.00/LOAD
PALLETIZED YARDAGE SOLID.....\$550.00/YARD
PALLETIZED YARDAGE LIQUID.....\$820.00/YARD

FLAMMABLE SOLIDS.....QUOTED UPON REQUEST**SOLVENTS**

	5/GAL	15GAL	30GAL
NON-CHLORINATED SOLVENTS (chlorinated solvent less than 1000 ppa).....	\$57.00	\$80.00	\$103.00
CHLORINATED SOLVENTS(chlorination greater than 1%).....	\$69.00	\$92.00	\$115.00
CHLORINATED SOLVENTS(chlorinated solvent greater than 1%).....	\$80.00	\$100.00	\$115.00
SOLVENTS WITH PHENOL (GREATER THAN 1000ppa).....	\$80.00	\$100.00	\$115.00

ACID AND CAUSTIC MATERIALS

ACID 15% AND CAUSTICS WITHOUT RESTRICTED METALS : ALLOWED.....	\$54.00	\$77.00	\$103.00
ACID LESS THAN 5% CAUSTICS, RESTRICTED METALS GREATER THAN ALLOWED.....	\$69.00	\$100.00	\$115.00
ACID WASTE 5% TO 40%.....	\$80.00	\$100.00	\$115.00
ACID WASTE (GREATER THAN 40%).....	\$80.00	\$100.00	\$115.00
HYDROFLUORIC ACID (EXTREMELY HAZARDOUS) 5% OR LESS.....	\$80.00	\$100.00	\$115.00

LAB PACKS

LAB PACKS.....\$215.00/DRUM
LAB PACK - EXTREMELY HAZARDOUS.....\$215.00/DRUM
RECOVERY DRUM SOLID DISPOSAL, 35 GAL TYPE\$150.00/DRUM

MISCELLANEOUS ITEMS

RESPIRATORS (ORGANIC VAPOR/ACID GAS TYPE)\$13.00 EA
GLOVES (SOLVENT RESISTANCE).....\$ 4.00 EA
RUBBER BOOTS.....\$25.00 EA
GOGGLES(NON FOGGING, ENCLOSED).....\$ 3.00 EA
SAFETY GLASSES.....\$6.00 EA
TYVEK SUIT\$ 5.00 EA
ABSORBENT(50 POUND BAGS).....\$10.00 EA
LIME(50 POUND BAGS).....\$10.00 EA
OPEN TOP DRUM.....\$20.00 EA
CLOSED TOP DRUM.....\$15.00 EA
POLY DRUM.....\$16.50 EA
RECOVERY DRUM.....\$125.00 EA
POLY LINER FOR 35 GAL DRUMS.....\$10.00 EA

PACKAGING AND LABELING

PER HOUR

LAB PACK ASSISTANCE

LAB PACK ASSISTANCE TECHNICAL.....	\$110.00/HR
LAB PACK ASSISTANCE DRIVER AND TRUCK.....	\$65.00/HR
LAB PACKING ASSISTANCE LABOR.....	\$47.00/HR
EXTRA MAN	\$35.00/HR

EMPTY DRUM DISPOSAL

PER DRUM

METAL DRUMS

EMPTY 55 GALLON DRUMS.....	\$16.00
EMPTY 55 GALLON DRUMS WITH PLASTIC LINERS.....	\$16.00
EMPTY 30 GALLON DRUMS.....	\$12.00
EMPTY 5,10,15,20 GALLON DRUMS.....	\$8.00

PLASTIC DRUMS

EMPTY 55 GALLON DRUMS.....	\$16.00
EMPTY 30 GALLON DRUMS.....	\$12.00
EMPTY 5,10,15,20 GALLON DRUMS.....	\$8.00

TESTING OF HAZARDOUS WASTE

RESTRICTED METALS	\$60.00
CHLORINATED LIQUIDS	\$50.00
CYANIDE TESTING.....	\$60.00
PHENOL TESTING.....	\$60.00

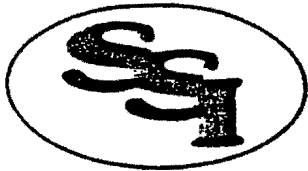
TRUCK TIME OR EMERGENCY CALL OUT CHARGES

TRANSPORT, TRAVEL, OR STAND-BY TIME.....	\$72.00 PER HOUR
EMERGENCY CALL OUTS & WEEK-ENDS.....	4 HOUR MINIMUM PLUS ACTUAL TIME

FEDERAL, STATE, COUNTY WASTE FEES

STATE FEES (recycled flammable liquids only).....	\$13.50 PER TON
KINGS COUNTY.....	10.0% OF WASTE CHARGE
SANTA BARBARA COUNTY.....	10.0% OF WASTE CHARGE
FEDERAL WASTE FEES.....	\$2.40 PER DRY TON

PRICES SUBJECT TO CHANGE. OTHER MATERIALS QUOTED UPON REQUEST.



SOLVENT SERVICE, INC.

1021 Berryessa Road, San Jose, CA 95133

(408) 286-6446

Certification 3
(Materials not Banned from Landfill)

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste is not banned from the and disposal restrictions. I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

Authorized representative signature: _____

Print or type name: _____

Title: _____

Date: _____

Company (Hauler) Name: _____

Manifest Number: _____

Distillation

Recycling of Chemical Waste

T S D Facility

GENUS

FOR REQUISITIONERS USE ONLY

FOR PURCHASING USE ONLY

PURCHASE ORDER	DATE	PAGE	OF
No. 327026			

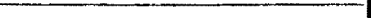
PR DATE	REQUISITIONER	EXT	DEPT	DELIVER TO	INSPECTION REQUIRED
4-12-88	R. ITANEN	306	1352	—	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SUGGESTED SUPPLIER					CERTS REQUIRED
SOLVENT SERVICE					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
					PHONE NO.
SILVA (408)					286-6446
NOTES					
DISPOSAL OF HAZARDOUS WASTE					
FERGUSON					

VENDOR			
CONFIRM TO		DATE	
SHIP VIA		F.O.B.	
TERMS		TAXABLE	
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
SHIP TO	BUYER		

ITEM NO.	COMPLETE DESCRIPTION INCLUDING MANUFACTURER'S NAME & NUMBER	UCC# NO. / TAG# ACCT# NO.	U/M	QTY	RATE REQUIRED	EST. COST	EXTENSION
1	PICKUP 55 GAL DRUM OF MACHINE OIL WASTE	1352 / 7610	EA	1			207.00 150.00
2	DELIVER 55 GAL LIQUID DRUM		EA	1			18.00
3	PICKUP EMPTY FREON CANS 5 GAL.		EA	7		8.00	56.00
4	TAX ON PICKUP ONLY					15%	22.50
						ESTIMATED TOTAL	277.50 246.50

QTY	UNIT PRICE	EXTENSION	DATE
TOTAL	▶		

BUYER NOTES

A P P R O V A L S				
REQUISITIONER	SUPERVISOR	DATE	AUTHORIZED SIGNATURE	DATE
				



SOLVENT SERVICE CO., INC.

1040 COMMERCIAL STREET, SUITE NO. 101

SAN JOSE, CA 95112

408-286-6446

WORK ORDER

EPA #: CAD982041683
Customer: GENUS INC
Street: 280 FERGUSON DR
City: MOUNTAIN VIEW, CA 94046
Cross St:
Contact: RALPH ITANEN

Order Number: 17936
Order Date: 04/12/88
Customer PO: 32702
Schedule Date: 04/13/88
EH #:
Telephone #: 415-260-1120
Caller: RALPH

----- Description of Work -----	Quantity	CHECK IT Complete
SOLVENT NON-CHLOR. 55 GAL.	14.00	<input checked="" type="checkbox"/>
EMPTY 5 GALLON METAL DRUM	5.00	<input checked="" type="checkbox"/>
EMPTY DOT 55 GAL. CT METAL DRUM	1.00	<input checked="" type="checkbox"/>

Remarks

Reschedule for 4-14-88

Arrival Time: 8:34
Departure Time: 9:00
PERFORMANCE: 1=LOW, 10=HIGH
Appearance (1-10)
Attitude (1-10)
Safety (1-10)

SPECIAL INSTRUCTIONS

Date Completed: 4-14-88

Driver: *[Signature]*

Manifest #:

87054942

Customer Signature: *[Signature]*

CUSTOMER COPY



SOLVENT SERVICE CO., INC.

1040 COMMERCIAL STREET, SUITE NO. 101

SAN JOSE, CA 95112

(408) 286-6446

INVOICE NO.

T17955

INVOICE

INVOICE DATE

04.10.88

SEALING
SOLVENT SERVICE CO., INC.
313 ELLIE ST.
MOUNTAIN VIEW, CA 94040
415 960 1120

SEALING
SOLVENT SERVICE CO., INC.
313 ELLIE ST.
MOUNTAIN VIEW, CA 94040
415 960 1120

CREDIT TERMS: 30 DAY NET 30

P.O. NO. 32702L

MANIFEST NO. 370549-2

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT	NOTES
1.00	SOLVENT CHLOR. 100% 55 GAL. (3) - FLAMMABLE LIQUID	207.00	207.00	
5.00	EMPTY 5 GALLON METAL DRUM - EMPTY 5 GAL METAL DRUM	8.00	40.00	
1.00	EMPTY DOT 55 GAL. ST METAL DRUM - NEW	18.00	18.00	
1.00	+ SALES TAX 7%		1.26	
1.00	HANDLE FEE		11.44	
Subtotal excluding taxes and handling fees =		265.00		
Date mailed: 20 APR 1988				
Thank you for your business.				

PLEASE PAY FROM
THIS INVOICE

BALANCE
DUE ▶ ▶ ▶

277.70

REMITTANCE



SOLVENT SERVICE CO., INC.

1040 COMMERCIAL STREET, SUITE NO. 101

SAN JOSE, CA 95112

408-286-6446

WORK ORDER

EPA #: CAZ981531972
Customer: GENUS INC.
Street: 513 ELLIS ST.
City: MOUNTAIN VIEW, CA 94043
Phone: 408-286-6446
Contact: RALPH ITANEN

Order Number: 19533
Order Date: 08/01/88
Customer PO: 04222L
Schedule Date: 08/03/88
EM #: 415 951 1120
Telephone #: 415 951 1120
Driver: RALPH ITANEN

----- Description of Work -----	Quantity	Spec. Complete
SOLID HAZARDOUS 55 GAL.	1.00	✓
EMPTY 55 GAL. OT METAL DRUM	1.00	✓
EMPTY 55 GAL. OT METAL DRUM	1.00	✓
* HAZARDOUS WASTE LABELS	5.00	✓

Remarks

Arrival Time: 10:40
Departure Time:
PERFORMANCE: 1=LOW, 10=HIGH
Appearance (1-10)
Attitude (1-10)
Safety (1-10)

SPECIAL INSTRUCTIONS

Date Completed: 08-03-88

Driver: Brian Van

Manifest #: 87054943

Customer Signature

CUSTOMER COPY

**515 Ellis Street
Mountain View
California 94043
(415) 960-1120**

PURCHASE REQUISITION

No. ➡ 24703

GENUS

FOR REQUISITIONERS USE ONLY


FOR PURCHASING USE ONLY


PURCHASE ORDER	DATE	PAGE	OF
No. 342221			

PR DATE	REQUISITIONER	EXT	DEPT	DELIVER TO	INSPECTION REQ'D <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
8-1-88	R. ITANEN	306	1351	/	
SUGGESTED SUPPLIER					CERTS REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SOLVENT SERVICE					
NOTES					PHONE NO (408) 286-9910 286-6446
DISPOSAL OF HAZARDOUS WASTE					

VENDOR	
CONFIRM TO	DATE
SHIP VIA	F.O.B.
TERMS	TAXABLE <input type="checkbox"/> YES <input type="checkbox"/> NO
SHIP TO	BUYER

ITEM NO.	COMPLETE DESCRIPTION INCLUDING MANUFACTURER'S NAME & NUMBER	JOB NO. / ACCT. NO.	U/M	QTY	DAYS REQUIRED	EST. COST	EXTENSION
1	PICKUP 55 GAL DRUM OF SOLID HAZARDOUS WASTE	1351 / 7610	ea	1			150.00
2	DELIVER OPEN TOP DOT DRUM		ea	1			20.00
3	(SOLVENT) DELIVER 55 GAL LIQUID DRUM		ea	1			18.00
4	TAX ON PICKUP ONLY					15%	22.50
5	HAZARDOUS LABELS		ea	6		1.00	6.00
					ESTIMATED TOTAL	▶	216.50

UNIT PRICE	EXTENSION	DELIVERY DATE
TOTAL 		

A P P R O V A L S				
REQUISITIONER	SUPERVISOR	DATE	AUTHORIZED SIGNATURE	DATE
				

BUYER NOTES

PURCHASE REQUISITION

FOR PURCHASING USE ONLY

No. ➡ 18140


GENUS

FOR REQUISITIONERS USE ONLY

PR DATE 4-12-88	REQUISITIONER R. ITANEN	EXT 306	DEPT 1351	DELIVER TO ✓	INSPECTION REQ D <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SUGGESTED SUPPLIER SOLVENT SERVICE					CERTS REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
				PHONE NO SILVA (408) 286-6446	
NOTES DISPOSAL OF HAZARDOUS WASTE					

PURCHASE ORDER		DATE	PAGE	OF
No. 327014				
VENDOR				
CONFIRM TO			DATE	
SHIP VIA		F.O B		
TERMS			TAXABLE	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
SHIP TO		BUYER		

ITEM NO.	COMPLETE DESCRIPTION OF WORKING MANUFACTURER'S	UNIT PRICE PLANT LOCATION	CYCLE TIME	DATE REQUIRED	EST. COST/AU	EXTENSION
1	PICKUP 55 GAL DRUM OF SOLID HAZARDOUS WASTE	135/ 7610	ea	1	4-1388	150.00
2	DELIVER OPENTOP DOT DRUM		ea	1		20.00
3	TAX ON PICKUP ONLY				15%	22.50
					ESTIMATED TOTAL	174.50

UNIT PRICE	QTY EXTENSION	DELIVERY DATE
TOTAL 		

REQUISITIONER	SUPERVISOR	DATE	AUTHORIZED SIGNATURE	DATE
<i>[Signature]</i>				

BUYER NOTES

ORIGINAL



SOLVENT SERVICE CO., INC.

1040 COMMERCIAL STREET, SUITE NO. 101

SAN JOSE, CA 95112

408-286-6446

WORK ORDER

EPA #: CAD981581978
Customer: GENUS INC.
Street: 515 ELLIS ST.
City: MOUNTAIN VIEW, CA 94043
Cross St:
Contact: RALPH ITANEN

Order Number: 17935
Order Date: 04/12/88
Customer PO: 32701L
Schedule Date: 04/13/88
EH #:
Telephone #: 415 960 1120
Caller: RALPH

Description of work	Quantity	Check if Complete
GENUS INC. SOLID CORROSIVE 55 GAL. EMPTY DOT 55 GAL. DOT METAL DRUM	1.00 1.00	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

87054941

Remarks

Arrival Time: _____
Departure Time: _____
PERFORMANCE: 1=LOW, 10=HIGH
Appearance (1-10) _____
Attitude (1-10) _____
Safety (1-10) _____

SPECIAL INSTRUCTIONS

Date Completed: 04-13-88

Driver: Bruce Van

Manifest #: 87054941

Customer Signature:

CUSTOMER COPY

**SOLVENT SERVICE CO., INC.**

1040 COMMERCIAL STREET, SUITE NO. 101

SAN JOSE, CA 95112

(408) 286-6446

INVOICE NO.

71795

INVOICE

INVOICE DATE

04-12-88

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I
OSOLVENT CO.
515 ELLIS ST.
MOUNTAIN VIEW, CA 94046
415 280 1111S
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OSOLVENT CO.
515 ELLIS ST.
MOUNTAIN VIEW, CA 94046
CAL 931 531 1777

CREDIT TERMS: 10 NET 30

P.O. NO. 32701L

MANIFEST NO. 87054941

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT	NOTES
1.00	SOLID CORROSIVE 55 GAL. - CORROSIVE SOLID	150.00	150.00	
1.00	EMPTY DOT 55 GAL. OT METAL DRUM - NEW	20.00	20.00	
1.00	+ SALES TAX 7%		1.40	
1.00	HANDLE FEE		30.00	
Subtotal excluding taxes and handling fees =		170.00		
Date mailed: 20 APR 1988				
Thank you for your business.				

PLEASE PAY FROM
THIS INVOICEBALANCE
DUE ▶▶▶

202.20

REMITTANCE

PURCHASE REQUISITION

No. ➡ 21762

FOR PURCHASING USE ONLY

GENIUS

FOR REQUISITIONERS USE ONLY



7	PURCHASE ORDER	DATE	PAGE	OF
No.	31083J			

PR. DATE 1-15-88	REQUISITIONER RALPH ITANEN	EXT. 306	DEPT 1551	DELIVER TO ✓	INSPECTION REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SUGGESTED SUPPLIER SOLVENT SERVICE				CERTS REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
				PHONE NO (408) 286-6446	
NOTES: DISPOSAL OF HAZARDOUS WASTE					

VENDOR			
CONFIRM TO		DATE	
SHIP VIA		F.O.B.	
TERMS		TAXABLE <input type="checkbox"/> YES <input type="checkbox"/> NO	
SHIP TO		BUYER	

ITEM NO	COMPLETE DESCRIPTION INCLUDING MANUFACTURER'S NAME & NUMBER	JOB NO / INVOICE NO / ACCT NO	U/M	QTY	DATE RECEIVED	EST COST	EXTENSION
1	PICKUP 55 GAL DRUM OF SOLID HAZARDOUS WASTE	1351 / 7610	EA	1	1-1988		150.00
2	PICKUP 55 GAL DRUM OF LIQUID SOLVENT WASTE			1			150.00
3	DELIVER OPEN TOP DOT DRUM			1			20.00
4	DELIVER 55 GAL SOLVENT DRUM			1			18.00
5	PICKUP 5 GAL EMPTY METAL CAN			3		8.00	24.00
6	PICKUP 5 GAL EMPTY PLASTIC CAN			2		8.00	16.00
					ESTIMATED TOTAL		378.00

UNIT PRICE	EXTENSION	DELIVERY DATE
TOTAL ▶		

A P P R O V A L S									
REQUISITIONER		SUPERVISOR		DATE	AUTHORIZED SIGNATURE			DATE	
									

BUYER NOTES



SOLVENT SERVICE CO., INC.

1040 COMMERCIAL STREET, SUITE NO. 101

SAN JOSE, CA 95112

408-286-6446

WORK ORDER

Order #: 340951581673
Customer: GENUS INC.
Address: 815 ELLIS ST.
City: FOLSOM, CA 94041
Phone: (415) 930-1120

Order Number: 16516
Order Date: 01/13/88
Customer PO: 31082
Schedule Date: 01/19/88
Order #: 340951581673
Telephone: (415) 930-1120
City: FOLSOM

Contact: RALPH STANEN

Description of Work	Quantity	Notes
SOLID COPRESSIVE ST GAL.	1.00	✓
SOL EMT NO. 10-12, 35 GAL.	1.00	✓
EMT NO. 10-12, 35 GAL. OF METAL OIL	1.00	✓
EMT NO. 10-12, 35 GAL. OF METAL OIL	1.00	✓
EMT NO. 10-12, 35 GAL. OF METAL OIL	1.00	✓
EMT NO. 10-12, 35 GAL. OF METAL OIL	1.00	✓

Remarks

Arrival Time: 8:35
Departure Time: 9:10
PERFORMANCE: 1=LOW, 10=HIGH
Appearance (1-10)
Attitude (1-10)
Safety (1-10)

SPECIAL INSTRUCTIONS

Date Completed: 1/19/88

Driver: [Signature]

Manifest #: 87054939

Customer Signature: [Signature]

87064940

CUSTOMER COPY



15 Ellis Street
Mountain View
California 94043
(415) 960-1120

PURCHASE REQUISITION

No. → 21757

FOR PURCHASING USE

PURCHASE ORDER	DATE	PAGE	OF
No. 31087J	1/20	1	1

GENIUS

FOR REQUISITIONERS USE ONLY

PR DATE 1-15-88	REQUISITIONER RALPH ITANEV	EXT 306	DEPT 1351	DELIVER TO. —	INSPECTION REQ'D <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SUGGESTED SUPPLIER SOLVENT SERVICE					CERTS REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
NOTES REQUIRED BY DISPOSAL CO.					PHONE NO RHONDA (406) 286-6446

VENDOR SOLVENT SERV.	
CONFIRM TO RHONDA	DATE 1/20
SHIP VIA V.T.	FOB DESK
TERMS —	TAXABLE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
SHIP TO ELLIS	BUYER 11ST

ITEM NO.	COMPLETE DESCRIPTION INCLUDING MANUFACTURER'S NAME & NUMBER	QTY. NO. / ASST. NO.	UOM	QTY.	DATE REQUIRED	EST. COST	EXTENSION
1	WASTE ANALYSIS to be done 1/21/88	1351 / 2610		1			NTE 1334.00
					NOT TO EXCEED		
					ESTIMATED TOTAL		1334.00

UNIT PRICE	EXTENSION	DELIVERY DATE
	1334.00	2/1
TOTAL	1334.00	

APPROVALS			
REQUISITIONER [Signature]	SUPERVISOR [Signature]	DATE 1/18	AUTHORIZED SIGNATURE [Signature]

BUYER NOTES 1/21/88 1/18

**SOLVENT SERVICE CO., INC.**

1040 COMMERCIAL STREET, SUITE NO. 101

SAN JOSE, CA 95112

(408) 286-6446

INVOICE NO.

71775

INVOICE

INVOICE DATE

04-04-88

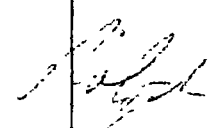
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OSOLVENT SERVICE CO., INC.
1040 COMMERCIAL STREET, SUITE NO. 101
SAN JOSE, CA 95112
(408) 286-6446S
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OSOLVENT SERVICE CO., INC.
1040 COMMERCIAL STREET, SUITE NO. 101
SAN JOSE, CA 95112
(408) 286-6446

CREDIT TERMS: 2% 10 NET 30

P.O. NO. 310875

MANIFEST NO.

310875

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT	NOTES
1.00	PROFILE SHEET PROCESSING FEES		25.00	
1.00	LAB ANALYSIS CHARGES		670.50	
<div style="text-align: right;"> 1351-7610 (1935)</div>				
<div style="text-align: right;">Date mailed: 04 APR 1988 Thank you for your business</div>				

PLEASE PAY FROM
THIS INVOICEBALANCE
DUE ▶▶▶

695.50

REMITTANCE



SOLVENT SERVICE CO., INC.

1040 COMMERCIAL STREET, SUITE NO. 101

SAN JOSE, CA 95112

408-286-6446

WORK ORDER

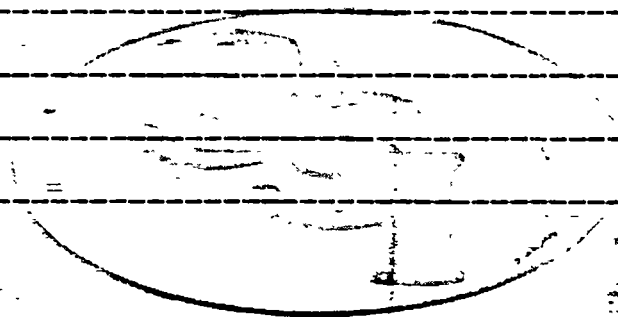
EPA #: CAD981581978
Customer: GENUS INC.
Street: 515 ELLIS ST.
City: MOUNTAIN VIEW, CA 94043
Cross St:

Contact: RALPH ITANEN

Order Number: 15367
Order Date: 10/21/87
Customer PO: 30042L
Schedule Date: 10/28/87
EH #:
Telephone #: 415 960 1120
Caller: RALPH

----- Description of Work -----	Quantity	Check if Complete
SOLID CORROSIVE 55 GAL.	1.00	<input checked="" type="checkbox"/>
SOLVENT NON-CHLOR. 55 GAL.	1.00	<input checked="" type="checkbox"/>
* HAZARDOUS WASTE LABELS	3.00	<input checked="" type="checkbox"/>

----- Remarks -----



Arrival Time: _____
Departure Time: _____
PERFORMANCE: 1=LOW, 10=HIGH
Appearance (1-10) _____
Attitude (1-10) _____
Safety (1-10) _____

SPECIAL INSTRUCTIONS

Date Completed: 10-26-87

Driver: *[Signature]*

Manifest #: 87054938

Customer Signature: *[Signature]*

**SOLVENT SERVICE CO., INC.**

1040 COMMERCIAL STREET, SUITE NO. 101

SAN JOSE, CA 95112

(408) 286-6446

INVOICE NO.

715357

INVOICE

INVOICE DATE

10.28.87

SOLVENT SERVICE CO.,
515 ELLIS ST.,
MOUNTAIN VIEW, CA 94040
408 286 1120

BEALCO INC.,
515 ELLIS ST.,
MOUNTAIN VIEW, CA 94040
408 286 1120

CREDIT TERMS: 2% 10 NET 30

P.O. NO. 30012L

MANIFEST NO. 37054939

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT	NOTES
1.00	SOLID CORROSIVE 55 GAL. - CORROSIVE SOLID	150.00	150.00	12/15
1.00	SOLVENT NON-FLAMM. 55 GAL. - FLAMMABLE LIQUID	150.00	150.00	12/15
3.00	* HAZARDOUS WASTE LABELS - NEW	0.25	0.75	12/15
1.00	* SALES TAX 7%		0.05	12/15
1.00	HANDLE FEE		42.24	12/15

Subtotal excluding taxes and handling fees = 300.75

Total = 357.55

Care mailed: 03 NOV 1987

Thank you for your business.

**PLEASE PAY FROM
THIS INVOICE****BALANCE
DUE ▶▶▶****343.04**

REMITTANCE

PURCHASE REQUISITION

No. ➡ 18378

FOR PURCHASING: USE ONLY

GENIUS

FOR REQUISITIONERS USE ONLY

P.R. DATE 8-5-87	REQUISITIONER RALPH ITANEN	EXT 306	DEPT 1351	DELIVER TO	INSPECTION REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SUGGESTED SUPPLIER SOLVENT SERVICE CO.					CERTS REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
				(408)	PHONE NO 286-6486
NOTES HAZARDOUS WASTE DISPOSAL					

PURCHASE ORDER		DATE	PAGE	OF
No. 29190L				
VENDOR				
CONFIRM TO				
			DATE	
SHIP VIA			F.O.B.	
TERMS			TAXABLE <input type="checkbox"/> YES <input type="checkbox"/> NO	
SHIP TO			BUYER	

ITEM NO.	COMPLETE DESCRIPTION INCLUDING MANUFACTURER'S NAME & NUMBER	IBB NO. EST. NO.	TYP	CITY	DAYS REQUIRED	EST. HOURS	EXTENSION
1	PICKUP SOLID WASTE	1351 7610	su	2	8687	150.00	300.00
2	DELIVER EMPTY OPEN TOP DOT DRUM		su	2		20.00	40.00
3	HAZARDOUS WASTE LABELS		su	4		1.00	4.00
	TAX ON PICKUP ONLY					1500	45.00
						ESTIMATED TOTAL	389.00

UNIT PRICE	EXTENSION	DELIVERY DATE
TOTAL		

REQUISITIONER	SUPERVISOR	DATE	AUTHORIZED SIGNATURE	DATE
<i>[Signature]</i>	<i>[Signature]</i>	85		

BUYER NOTES

SOLVENT SERVICE CO., INC.

1021 BERRYESSA ROAD

SAN JOSE, CA 95133

(408) 286-6446

#707917

WORK ORDER

EPA #: CAX000070052
Customer: GENUS
Street: 515 ELLIS
City: MOUNTAIN VIEW, CA 94043
Cross St:
Contact: RALPH ITANEN

Order Number: 14314
Order Date: 08/05/87
Customer PO: 29190L
Schedule Date:
EH #: NEED
Telephone #: 415 960 1120
Caller: RALPH

Description of Work	Quantity	Check if Complete
ACID 5% TO 20% 55 GAL.	2.00	<input type="checkbox"/>
* HAZARDOUS WASTE LABELS	4.00	<input type="checkbox"/>
EMPTY DOT 55 GAL. OT METAL DRUM	2.00	<input type="checkbox"/>

408-286-6446

Remarks

Arrival Time: _____
Departure Time: _____
PERFORMANCE: 1=LOW, 10=HIGH
Appearance (1-10) _____
Attitude (1-10) _____
Safety (1-10) _____

SPECIAL INSTRUCTIONS

Date Completed: 8/6/87

Driver: RB

Manifest #: 87054937

Customer Signature: [Signature]

CUSTOMER COPY

PURCHASE REQUISITION

No. ➡ 17206

FOR PURCHASING USE ONLY

GENUS

FOR REQUISITIONERS USE ONLY

PR DATE	REQUISITIONER	EXT	DEPT	DELIVER TO	INSPECTION REQ'D
4-8-87	RALPH ITANEN	306	1351		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SUGGESTED SUPPLIER					CERTS REQUIRED
SOLVENT SERVICE CO. INC.					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

PURCHASE ORDER	DATE	PAGE	OF
No.			

SYLVIA (408)		PHONE NO
		286-6446
NOTES		
HAZARDOUS WASTE DISPOSAL		
CAD 981581975		
USIPA E077		

VENDOR	
CONFIRM TO	DATE
SHIP VIA	FOB.
TERMS	TAXABLE <input type="checkbox"/> YES <input type="checkbox"/> NO
SHIP TO	BUYER

ITEM NO.	COMPLETE DESCRIPTION INCLUDING MANUFACTURER'S NAME & NUMBER	DOB NO. / REG. NO.	UNIT	QTY	DATE REQUIRED	EST. COST / D.	EXTENSION
1	PICK UP SOLID WASTE	1351	EA	1	4-13-87		150.00
2	" FLAM " "	1351	EA	1	"		207.00
3	" MACHINE OIL " "	1352	EA	1	"		150.00
	TAX					15%	76.05
						ESTIMATED TOTAL	583.05

UNIT PRICE	EXTENSION	DELIVERY DATE
TOTAL		

A P P H O V A L S				
REQUISITIONER	SUPERVISOR	DATE	AUTHORIZED SIGNATURE	DATE
<i>[Signature]</i>	<i>[Signature]</i>	7/8		

BUYER NOTES

SOLVENT SERVICE CO., INC.

1021 BERRYESSA ROAD

SAN JOSE, CA 95133

(408) 286-6446



WORK ORDER

EPA #: 0A2000070082
Customer: GENUS
Street: 515 ELLIS
City: MOUNTAIN VIEW, CA 94043
Order #: 12921
Contact: RALPH ITANEN

Order Number: 12921
Order Date: 04/09/87
Customer PO: NEED 5 7500 C
Schedule Date: 04/13/87
EPA #: NEED
Telephone: 415 760 1120
Caller: RALPH

----- Description of Work -----	Quantity	Check if Complete
CHLORINATED SOLVENT 11% 35 GAL.	1.00	<input checked="" type="checkbox"/>
3 Hazardous Waste Labels		<input checked="" type="checkbox"/>
Hazardous Solid, 35 gal drum	1.00	<input checked="" type="checkbox"/>

Remarks

SPECIAL INSTRUCTIONS

PLEASE TAKE 3 HAZ LABELS

Date Completed: 4-13-87

Driver: *Pat Vago*

Manifest # *Lid - 84555459*
35 - 84555959

Customer Signature: *Ralph Itanen*

CUSTOMER COPY



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA ID NUMBER

CAD981581978

INSTALLATION ADDRESS

CIRUS INC
1225 S SHAMPOCK AVE
MOUNTAIN VIEW

CA 94043

515 ELLIS ST
MOUNTAIN VIEW

CA 94040

PURCHASE REQUISITION

No. ➡ 16757

FOR PURCHASING USE ONLY

GENIUS

FOR REQUISITIONER'S USE ONLY

PR DATE	REQUISITIONER	EXT	DEPT	DELIVER TO	INSPECTION REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
1/22/87	RAIPH ITANEN	316	1351		CERTS REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SUGGESTED SUPPLIER					
SOLVENT SERVICE					
				SONDRA (405)	PHON: 281-6446
NOTES					
DELIVERY OF EMPTY HAZARDOUS WASTE DRUMS					

PURCHASE ORDER		DATE		PAGE		OF	
No. 261725							
VENDOR							
CONFIRM TO				DATE			
SHIP VIA				F.O.B.			
TERMS				TAXABLE <input type="checkbox"/> YES <input type="checkbox"/> NO			
SHIP TO				BUYER			

ITEM NO.	COMPLETE DESCRIPTION INCLUDING MANUFACTURER'S NAME & NUMBER	JOB NO / ACCT NO.	U/M	QTY.	DATE REQUIRED	EST. COST	EXTENSION
1	OPEN TOP DOT DRUM	1351 / 7440	ea	1	ASAP		30.00
2	FLAMMABLE LIQUID DRUM	"	ea	1			18.00
						ESTIMATED TOTAL	38.00

UNIT PRICE	EXTENSION	DELIVERY DATE
TOTAL		

A P P R O V A L S				
REQUISITIONER	SUPERVISOR	DATE	AUTHORIZED SIGNATURE	DATE
<i>[Signature]</i>				

BUYER NOTES

ORIGINAL

**SOLVENT SERVICE CO., INC.**

1040 COMMERCIAL STREET, SUITE NO. 101

SAN JOSE, CA 95112

(408) 286-6446

INVOICE NO.

716511

INVOICE

INVOICE DATE

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CREDIT TERMS:

20 10 NET 30

P.O. NO.

91996

MANIFEST NO.

97054989

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT	NOTES
1.00	SOLID CORROSIVE 55 GAL. - CORROSIVE SOLID	50.00	✓ 50.00	
1.00	EMPTY DOT 55 GAL. DT METAL DRUM - NEW	20.00	20.00	
1.00	EMPTY DOT 55 GAL. DT METAL DRUM - NEW	18.00	18.00	TAXABLE
1.00	+ GLES TAX 7%		2.00	
1.00	HANDLE FEE		20.00	
Subtotal excluding taxes and handling fees =		138.00		
<p><i>1-23-87</i> <i>1351-7010</i></p>				
Date mailed: 21 JAN 1988				
Thank you for your business.				
PLEASE PAY FROM THIS INVOICE			BALANCE DUE ▶▶▶	221.46

REMITTANCE

PURCHASE REQUISITION

NO. ➡ 1137

FOR PURCHASING USE ONLY

PURCHASE ORDER

No

9284

5292

GENIUS

FOR REQUISITIONERS USE ONLY

PR DATE 7/18/84	REQUISITIONER. J. SOLINSKI	EXT 306	DEPT 1351	DELIVER TO (PICKUP 515 ELLIS)	INSPECTION REQ'D <input type="checkbox"/> YES <input type="checkbox"/> NO
SUGGESTED SUPPLIER					CERTS REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO

VENDOR	
Solvent Systems	
1071 Bering Ave	
San Francisco	
CONFIRM TO	
Carmichael	
SHIP VIA	
Trench	
TERMS	
2 1/2 Net 30	
SHIP TO	
Doc Solvent	

NOTES

SOLVENT SERVICE
1071 BERTESSA RD
SAN JOSE, CA 95133
EPA- CAD-659494310

CONNIE

1/19/81

ITEM NO	COMPLETE DESCRIPTION INCLUDING MANUFACTURER'S NAME & NUMBER	JOB NO / ACCT NO	U/M	QTY	DATE REQUIRED	EST COST/U	EXTENSION
1	HAULING COST FOR HAZARDOUS WASTE	1361760					137.00
2	2 DRUMS 3 BAGS DIATOMACEOUS EARTH						64.48 54.48
3	WASTE FEES						37.05
				TOTAL			238.48 251.53

EST TOTAL \$

UNIT PRICE	EXTENSION	TOTAL
137.00	137.00	137.00
64.43	64.43	64.43
37.65	37.65	37.65
TOTAL	238.48	238.48

BUYER NOTES

Holly De...

A P P R O V A L S

REQUISITIONER

SUPERVISOR

DATE _____

AUTHORIZED SIGNATURE

DATE _____

REQUISITIONER—CONFIRMING

Please print or type with ELITE type (12 characters per inch)

STATE ID NUMBER

83665155

GENERATOR NAME AND MAILING ADDRESS

GENUS INC.
54 ELLIS ST.
MOUNTAIN VIEW, CALIF. 94043

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

AREA CODE/PHONE NUMBER

415-760-1130

6449000070052

TRANSPORTER NO. 1 NAME AND MAILING ADDRESS

SOLVENT SERVICE
1021 BERRYESSA RD.
SAN JOSE, CALIF. 95133

VEH/CONTAINER NO

EPA ID NUMBER

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO

EPA ID NUMBER

AREA CODE/PHONE NUMBER

TREATMENT STORAGE OR DISPOSAL (TSD) FACILITY

SOLVENT SERVICE
1021 BERRYESSA RD.
SAN JOSE, CALIF. 95133

EPA ID NUMBER

AREA CODE/PHONE NUMBER

415-760-1130

PROPER U.S. DOT SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO TYPE

WASTE
CAT NO MET

ALUMINUM BRIMADE

1/1/85

50 GAL

1/31

ALUMINUM BRIMADE

COMPONENTS

CONC RANGE
UPPER LOWER

UNITS
% PP

ALUMINUM BRIMADE (HAPs PA R)

100 100

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified described packaged marked and labeled and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA

Printed or typed full name and signature

[Signature]

MO

DAY

YR

7

27

84

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO

DAY

YR

Printed or typed full name and signature

[Signature]

7

27

84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO

DAY

YR

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

4 EA 1 PINT BOTTLES PACKED IN 55 GAL DRUM
- FILLED WITH DIATOMACEOUS EARTH

Facility owner or operator. Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number
See instructions

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO

DAY

YR

Printed or typed full name and signature

TO BE FILLED IN BY GENERATOR

BY TRANSPORTER

PURCHASE REQUISITION

NO. ➔ 009862

FOR PURCHASING USE ONLY

PURCHASE ORDER	DATE	PAID
No. 115193	11/1/50	

GENUS

FOR REQUISITIONERS USE ONLY

PR DATE 11-17-65	REQUISITIONER T. R. S. S. S. S.	EXT 906	DEPT 1757	DELIVER TO	INSPECTION REQ'D <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SUGGESTED SUPPLIER S. R. S. S. S.					CERTS REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO
NOTES: 1100 0 00 0 0 0 0 0					PHONE NO 11-17-65

VENDOR	
CONFIRM TO	
SHIP VIA	
TERMS	
SHIP TO	BUYER

[illegible]

UNIT PRICE	EXTENSION	TOTAL
15.00	15.00	
108.00	108.00	
16.00	16.00	
TOTAL \$	149.00	

A P P R O V A L S				
REQUISITIONER	SUPERVISOR	DATE	AUTHORIZED SIGNATURE	DATE
10/1/77	RM	10/1/77	[Signature]	10/1/77

BUYER NOTES

REQUISITIONER - CONFIRMING

1 DRUM
SOLID

Speediser® Moore Business Forms Inc. m
MCP® Moore Business Forms Inc. Patents 3 016 308 3 429 827

5 Hazardous Labels
5 POISON STICKERS



SOLVENT SERVICE CO., INC.

1021 BERRYESSA ROAD
SAN JOSE, CA 95133
(408) 286-6446

INVOICE
A 12406

TO Manus
515 Ellis
Mt. View, Ca. 94043

MANIFEST NO. _____

11-21-85

CUSTOMER ORDER NUMBER	DATE SHIPPED	TERMS	INVOICE DATE
P.O. # 218696	Todd	2% 10 / NET 30	11-11-85
QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	108. min.		
5	Hazardous Waste Labels	N/C	
5	Poison Stickers	N/C	
	Will Call		
1-55	Hallon - DOT - Open Top metal drum - Empty	1800	
SUBTOTAL			

770 SALES TAX 126

SANTA BARBARA WASTE TAX _____ @ _____ %
COUNTY HAZARDOUS WASTE FEE _____ @ _____ %
FEDERAL TAX _____ TONS @ _____
CALIFORNIA STATE HEALTH FEE _____ TONS @ _____
EXTREMELY HAZARDOUS HEALTH FEE _____ TONS @ _____

PLEASE PAY FROM
THIS INVOICE

TOTAL

ORIGINAL



SOLVENT SERVICE CO., INC.

1021 BERRYESSA ROAD
SAN JOSE, CA 95133
(408) 286-6446

INVOICE
A 13399

TO

27, 10

5/15 Ellis

W. T. Little Co. 74112

MANIFEST NO. _____

CUSTOMER ORDER NUMBER 022771E		DATE SHIPPED Today		TERMS 2% 10 / NET 30		INVOICE DATE 2-19-86	
QUANTITY	DESCRIPTION			UNIT PRICE		AMOUNT	
1	55 Gallon - DCT- Clean Top			18.00		18.00	
	metal drum - Empty						
				SUBTOTAL		18.00	

SALES TAX

SANTA BARBARA WASTE TAX _____ @ _____ %

COUNTY HAZARDOUS WASTE FEE _____ @ _____ %

FEDERAL TAX _____ TONS @ _____

CALIFORNIA STATE HEALTH FEE _____ TONS @ _____

EXTREMELY HAZARDOUS HEALTH FEE _____ TONS @ _____

REC'D BY

Torchless

**PLEASE PAY FROM
THIS INVOICE**

TOTAL

192

📦 PACKING SLIP

**1021 BERRYESSA ROAD
SAN JOSE, CA 95133
(408) 286-6446**

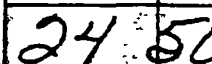
45 Min
True Time Ref



TO

MANIFEST NO.

CUSTOMER ORDER NUMBER	DATE SHIPPED	TERMS	INVOICE DATE
	7-10-86	2% 10 / NET 30	7-7-86
QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
1	55 Gallon - DOT - Open Top Steel Drum - Empty		
1	55 Gallon - DOT - Open Top Steel Drum - Empty		
		SUBTOTAL	
		SALES TAX	
		SANTA BARBARA WASTE TAX @ %	
		COUNTY HAZARDOUS WASTE FEE @ %	
		FEDERAL TAX TONS @	
		CALIFORNIA STATE HEALTH FEE TONS @	
		EXTREMELY HAZARDOUS HEALTH FEE TONS @	
REC'D BY	T. J. Lussery		
Packing Slip	PLEASE PAY FROM THIS INVOICE	TOTAL	



A 1114

MANIFEST NO. 83665156

REC'D 8Y

**PLEASE PAY FROM
THIS INVOICE**

TOTAL

Printed or typed full name and signature

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

DATE REC'D & ACCEPTED	MO	DAY	YR
	10	10	79
DATE: REC'D -& ACCEPTED	MO	DAY	YR
	1	1	1

Facility owner or operator Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDU must complete waste number. See instructions. EPA ID NUMBER

Printed or typed full name and signatureEPA ID NUMBERDATE RECEIVED & ACCEPTED _____[illegible]

GENERATOR RETAINS

TOXIC SUBSTANCES CONTROL DIVISION

UNIFORM HAZARDOUS WASTE MANIFEST

1404 P Street
Sacramento CA 95814

FORM NO DHS-8022A 3-84

STATE ID NUMBER

83665156

Print or type with ELITE type (12 characters per inch)

GENERATOR NAME AND MAILING ADDRESS GENUS INC. 515 ELLIS ST. MOUNTAIN VIEW, CAL. 94043				MANIFEST DOCUMENT NUMBER EPA ID NUMBER			
AREA CODE/PHONE NUMBER 415-705-1130				01X700070052			
TRANSPORTER NO 1 NAME AND MAILING ADDRESS SOLVENT SERVICE 1031 BERYESSA RD. SAVATE, CAL. 95133				VEH/CONTAINER NO		EPA ID NUMBER	
						01205949431	
TRANSPORTER NO 2/ALTERNATE TSD FACILITY				VEH/CONTAINER NO		EPA ID NUMBER	
AREA CODE/PHONE NUMBER							
TREATMENT STORAGE OR DISPOSAL (TSD) FACILITY SOLVENT SERVICE 1031 BERYESSA RD. SAVATE, CAL. 95133				EPA ID NUMBER			
				01205949431			
AREA CODE/PHONE NUMBER							
PROPER U.S. DOT SHIPPING NAME AND HAZARD CLASS		UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO	WASTE CAT NO	DISP MET-
① FLAMMABLE LIQUID NOS-FLAMMABLE		11973	55	2.2		12011	
② EMPTY DRUMS (E)			100	2.2			
COMPONENTS				CONC RANGE		UNITS	
				UPPER LOWER		% PPM	
TOLUENE				150-250			
XYLENE				150-250			
DIBENZYL				150-250			
VACUUM OIL				150-250			
SPECIAL HANDLING INSTRUCTIONS HCE TOX							
This is to certify that the above-named wastes are properly classified described packaged marked and labeled and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA							
Printed or typed full name and signature				MO	DAY	YR	
				17	27	84	
<input type="checkbox"/> Check if continuation sheet is used Number of continuation sheets							
TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES				DATE REC'D & ACCEPTED	MO	DAY	YR
Printed or typed full name and signature					17	27	84
TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES				DATE REC'D & ACCEPTED	MO	DAY	YR
Printed or typed full name and signature							
DISCREPANCY INDICATION SPACE							
Facility owner or operator. Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number See instructions.							
Printed or typed full name and signature				EPA ID NUMBER	MO	DAY	YR

GENERATOR RETAINS